

STANDARD FORM 60
15 SEP 1960
GSA GEN. REG. NO. 27
MILITARY PERSONNEL
16-1000-1

SECRET

Official Personnel Folder

SECRET

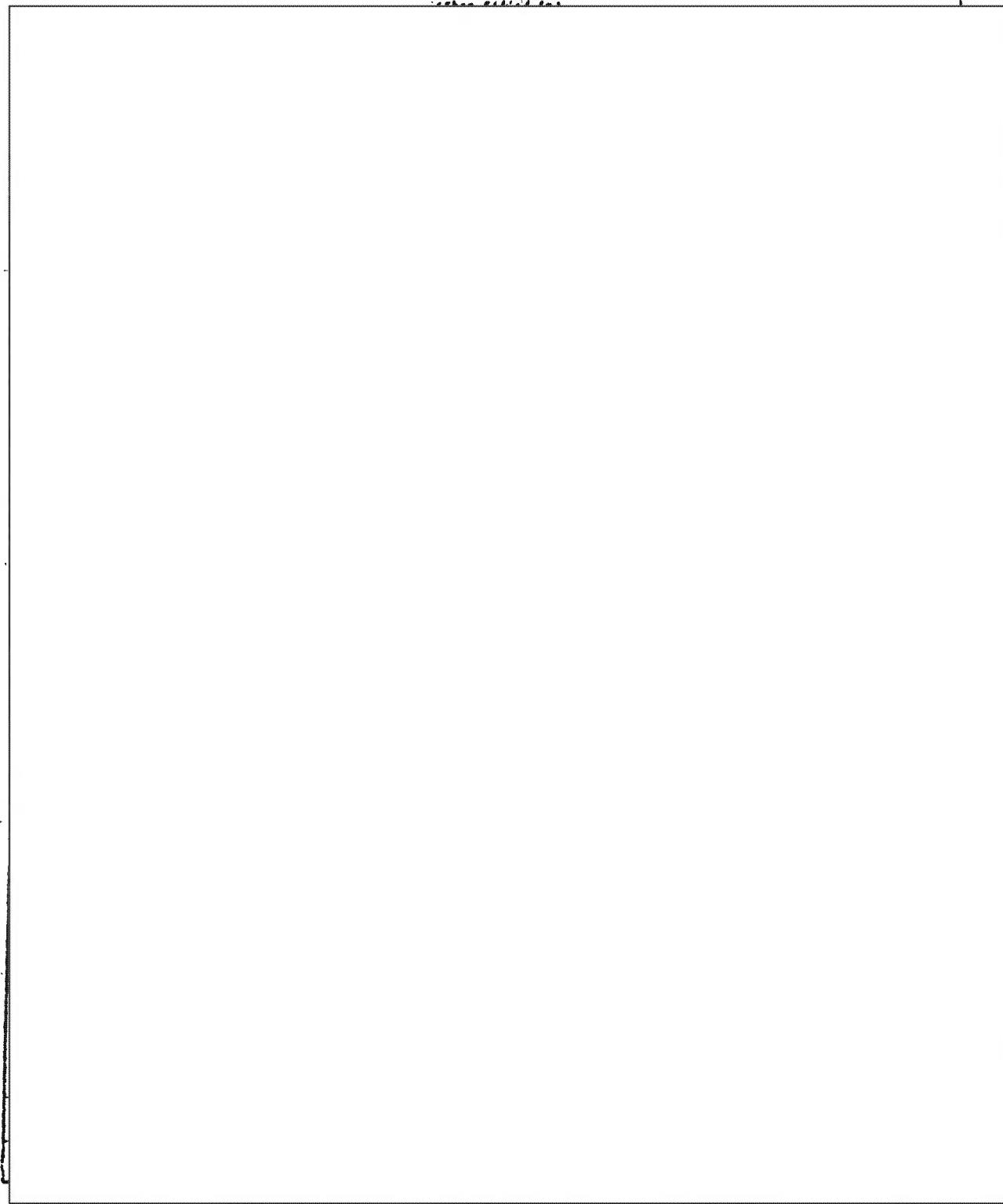
SECRET
(When Filled In)

REF. SERIAL NO. DESIGN	BIOGRAPHIC PROFILE (Continuation Sheet)				DATE OF BIRTH
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)					
19-1. CURRENT POSITION TITLE & OCCUPATIONAL CODE		GRADE	19-2. ORGANIZATION & COGEN. TITLE (IF ANY)	LOCATION	
DATE REVIEWED 20 SEP 1976	PROFILE REVIEWED BY W.M. GL				
FBI, 1200-1c USE PREVIOUS EDITION					

SECRET

12. DEPT/CL BY 07/07/82 PROFILE

~~SECRET~~



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE	FILE NO.
<input checked="" type="checkbox"/> TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP	19 March 1973 734		
	CHIEF, CONTRACT PERSONNEL DIVISION, OP	SS NUMBER 268-28-0199		
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	EMPLOYEE NUMBER 055495 ID CARD NUMBER		
ATTN: Chief Support Staff		<input checked="" type="checkbox"/> OFFICIAL COVER	ESTABLISHED	
REF: Form 1322 dated 12 Mar 73			DISCONTINUED	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT				
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOB</u>		SUBMIT FORM 3256 W-2 TO BE ISSUED. (NHB 20-31)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TOE</u> OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (NHB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (NHB 20-7)		EAA: CATEGORY I CATEGORY II RETURN ALL OFFICIAL DOCUMENTATION TO CCS SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NHB 20-20)		DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NHB 20-20)				
<input checked="" type="checkbox"/> EAA, CATEGORY I CATEGORY II X				
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <u>AOE</u> HOSPITALIZATION CARD				

~~SECRET~~

~~OGRAFPHIC PROFS~~

REPRODUCTION MASTERS

BIOGRAPHIC PROFILE

Handle With Care

~~SECRET~~

~~SECRET~~

14-00000

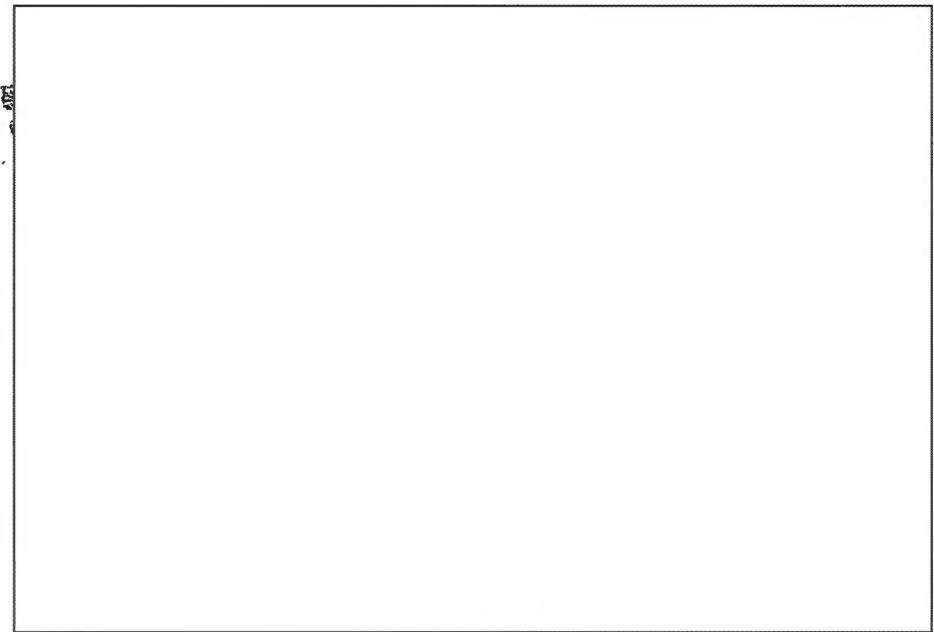
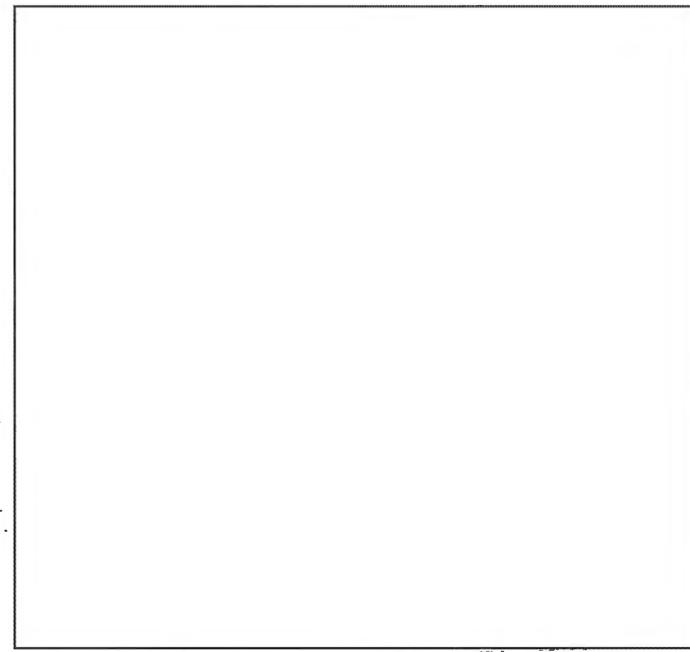
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Pre 1963 Requests
for Personnel Action

14-00000

left

Requests for
Post 1966 Notifications
of Personal Action
and other means



SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DR.	FILL NO.
<input checked="" type="checkbox"/> TO: (check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP		19 March 1973	734
	CHIEF, CONTRACT PERSONNEL DIVISION, OP		SS NUMBER 263-23-7192	EMPLOYEE NUMBER 055495
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) VII		ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	
REF:	Form 1322 dated 12 Mar 73			

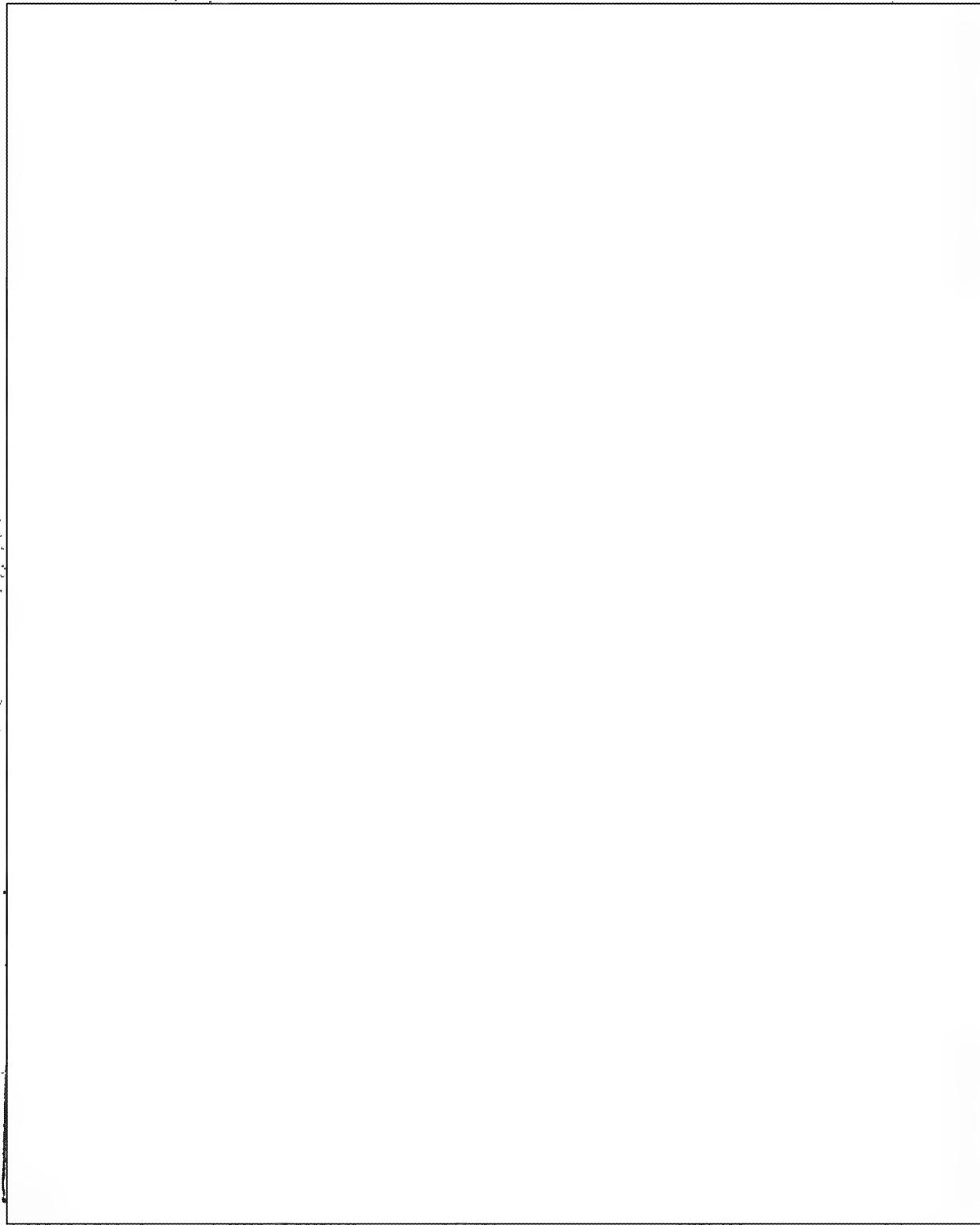
SECRET

1965 COS SCM		(Continued)	
19. CIA EMPLOYMENT HISTORY SINCE 10 SEPT 1967 (Personnel Actions, Military Orders, and Principal Duties)			
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE / SD	ORGANIZATION & ORGAN. TITLE (IF ANY)
10 Sept 1967	06		LOCATION
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
20. DATE REVIEWED		21. PROFILE REVIEWED BY	
20 Jun 1971	hms/1971	22 Jul 1971	22 Jul 1971
22 Jul 1971		VERIFIED BY EMPLOYEE	
22 Jul 1971		31 Aug 1959	

SECRET

Other Utilities 803

13. CIA EMPLOYMENT HISTORY SINCE 10 SEPT. 1967 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)					
INFFECTIVE DATE	POSITION & OCCUPATIONAL CODE	GRADE	ORGANIZATION & ORGAN. TITLE (if any)	LOCATION	
Apr 1975	[REDACTED]				
Aug 1975	[REDACTED]				
DATE REVIEWED 20 APR 1976	PROFILE REVIEWED BY JMA/ML	REPORT			
14. PERSONAL PROFILE					



Date: 1/2/07

MEMORANDUM FOR: ROB

SUBJECT : Request for Estimate of Annuities

1. Please provide estimate of annuities for:



CONFIDENTIAL (when filled in)

			18 OCT 78	FILE NO. 734
TO: (Check)	X CHIEF, CONTROL DIVISION, OP		SS NUMBER 268-28-0199	
	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER 055495	
	X CHIEF, ATTN: IG (OPERATING COMPONENT FOR ACTION)		ID CARD NUMBER	
REF.			ESTABLISHED	
EOD				

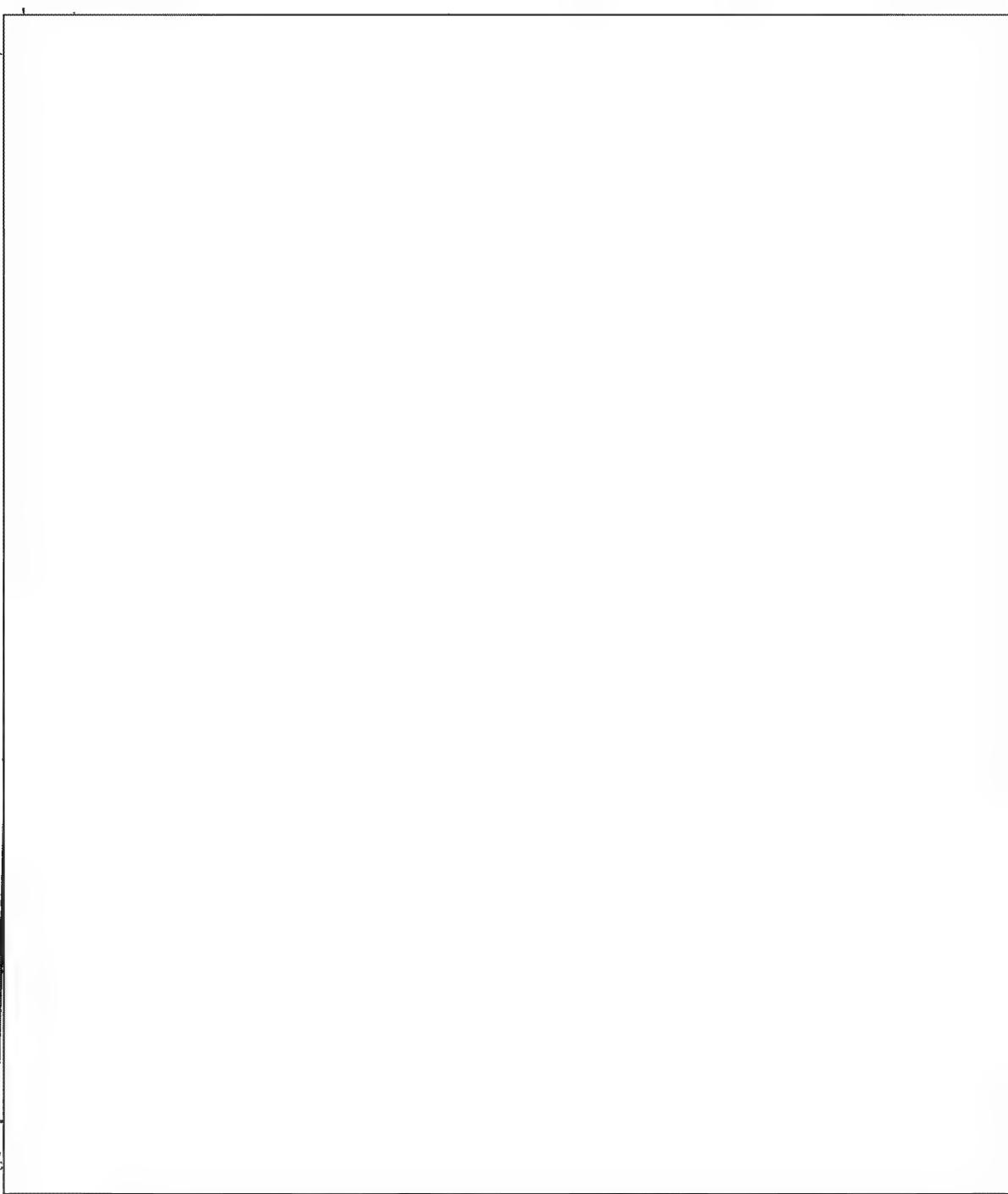
*Not in file at time of review
by HSCA Staff*

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Post 1966 Notifications
of Personnel Action

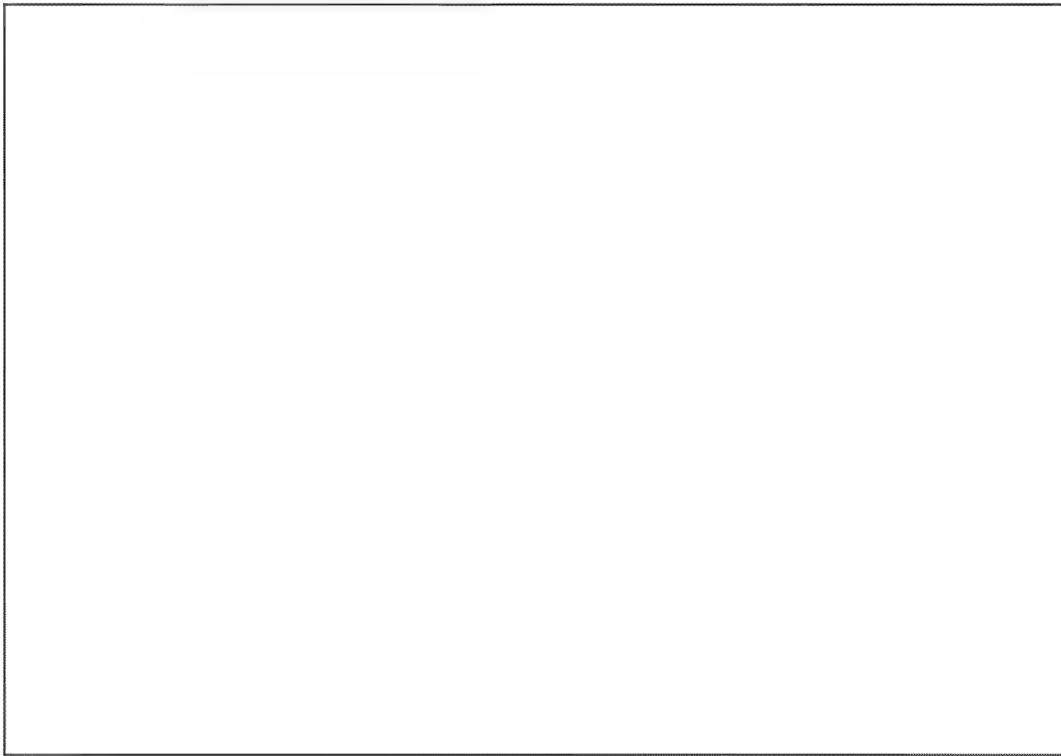


1000
1000
1000





14



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS
EFFECTIVE 9 JANUARY 1964.

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND
DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS
EFFECTIVE 14 OCTOBER 1962

275-23-6

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE
AND STEP AS INDICATED IN CHART BELOW.**

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

SECRET
(When Filled In)

ABM: 30 APR 63

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 055495		NOTIFICATION OF PERSONNEL ACTION																		
2. NATURE OF PERSONNEL ACTION: REASSIGNMENT		3. CATEGORY OF EMPLOYMENT: 04 30 63					4. COST CENTER NO. CHARGEABLE: 3135 5700 1000					5. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J								
6. FUNDS: FSR GS		7. FUND CODE: 0 00 0 X 0 00 0		8. LOCATION OF OFFICIAL STATION: MEXICO CITY, MEXICO					9. POSITION NUMBER: 0340					10. SERVICE DESIGNATION: D						
11. ORGANIZATIONAL DESIGNATION: DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION		12. GRADE AND STEP: 04 0 14 2					13. SALARY OR RATE: 11880 13270					14. REBATES: MEXICO CITY, MEXICO								
15. ACTION CODE: 37- 10		16. EMPLOYEE NUMBER: 64700 445075		17. DATE OF BIRTH: 06 19 25					18. DATE OF GRADE: 00 00 00					19. DATE OF LEI: 00 00 00						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																				
20. DATE EMPLOYED: 00 00 00		21. SPECIAL ASSIGNMENT: 00000000000000000000000000000000		22. STATUS CODE: 45075		23. OFFICER/ENLISTED CODE: 1		24. REG/ENCL CODE: 3		25. DATE OF BIRTH: 06 19 25		26. DATE OF GRADE: 00 00 00		27. DATE OF LEI: 00 00 00		28. SECURITY DATA: REF ID: 00000000000000000000000000000000				
29. VET PREFERENCE: CODE: 0 NONE 1 EPT 2 DPT		30. SSN DATA: 000-00-0000		31. INSURANCE DATA: DATA CODE: 00000000000000000000000000000000		32. CORRECTION/CANCELLATION DATA: DATA CODE: 00000000000000000000000000000000		33. SECURITY DATA: REF ID: 00000000000000000000000000000000		34. SECURITY DATA: REF ID: 00000000000000000000000000000000										
35. PREVIOUS GOVERNMENT SERVICE DATA: CODE: 0 NO PREVIOUS SERVICE 1 NO SERVICE RECORD 2 SERVICE IN RECORDS WITHIN 2 yrs 3 SERVICE IN RECORDS OF 2 yrs		36. LEAVE END CODE: 00000000000000000000000000000000		37. FEDERAL TAX DATA: 00000000000000000000000000000000		38. STATE TAX DATA: 00000000000000000000000000000000		39. FEES / HEALTH INSURANCE: CODE: 0 00000000000000000000000000000000		40. SOCIAL SECURITY NO: 000-00-0000										
SIGNATURE OR OTHER AUTHENTICATION															POSTED <i>3/2/2024</i>					

SIGNATURE OR OTHER AUTHENTICATION

POSTED

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ପାତାଳ ପାତାଳରେ

~~SECRET~~

178

1. Numero de la persona
2. Nombre y apellido
3. Dirección
4. Edad
5. Sexo

RZR: 29 MAR 63

SECRET
(When Filled In)

DDF

NOTIFICATION OF PERSONNEL ACTION

DOP/MH
BRANCH 3
MEXICO CITY, MEXICO STATION

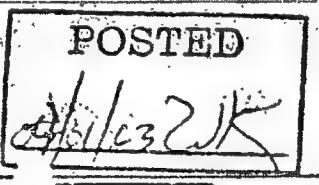
MEXICO CITY, MEXICO

11. POSITION TITLE CONSULAR OF, CONSUL W/C OPS OFFICER	12. POSITION NUMBER 0418	13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (15, 16, 17) FSR GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE/STEP O1 0 14 2	17. SALARY OR RATE 11880 13270

CODE 55	CODE 10	NUMERIC 64700	ALPHABETIC WH	CODE 45075	CODE 1	END 3	MO. DA. VR. 06 18 25	MO. DA. VR. 1	MO. DA. VR. 1
21. PAY ENCLS	22. SPECIAL REFERENCE	23. RETIREMENT DATA	24. SEPARATION DATA CODE	25. CORRECTION/CANCELLATION DATA	26. SECURITY REQ. NO.	27. SEE			
NO. 24 1		1. CSC 2. PSC 3. NONE	CODE 4	TYPE NO. DA. VR.					
31. PAY PREFERENCE	32. SERV. COMP. DATE	33. LOSS COMP. DATE	34. CAREER CATEGORY	35. FESLI / HEALTH INSURANCE	36. SOCIAL SECURITY NO.				
CODE 1 - NO 2 - PFT 3 - LPT	MO. DA. VR. 10 00 10	MO. DA. VR. 10 00 10	CAR. BLDG. CODE PROV. TEMP.	CODE 0 - WORKER 1 - YES	HEALTH INS. CODE				
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE ENT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA						
CODE 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE LESS THAN 1 YRS. 4 - BREAK IN SERVICE MORE THAN 1 YRS.		FORM EXECUTED CODE 1 - YES 2 - NO	NO TAX EXEMPTIONS 1 - YES 2 - NO	FORM EXECUTED 1 - YES 2 - NO	CODE NO TAX EXEMPT	STATE CODE			

SIGNATURE OR OTHER AUTHENTICATION

POSTED



Form 11-62 1100

Use Previous
Edition29 MAR
1963

SECRET

MAY 1
1962
REPLACES THE PREVIOUS
EDITION AND
REPLACES IT.

14-912

(When Filled In)

B&B: 15 FEB 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

REASSIGNMENT AND TRANSFER
TO CONFIDENTIAL FUNDS

4. FUNDS	V TO V	X	V TO C
	C TO V		C TO C

NO. 02 17 63

REGULAR

7. COST CENTER 60-CHARGEABLE

8. CSC OR OTHER LEGAL AUTHORITY

3135 5700 1000

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

DDP WH
BRANCH 3
MEXICO CITY, MEXICO STATION

10. LOCATION OF OFFICIAL STATION

MEXICO CITY, MEXICO

11. POSITION/TITLE

12. POSITION NUMBER

13. CAREER SERVICE DESIGNATION

OPS OFFICER

ON 18

D

14. CLASSIFICATION SCHEDULE (CSC, LO, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

14 2

17. SALARY OR RATE

13270

18. REMARKS

SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION

20. RTE EXPIRES

NO. DA. YR.

80

20. EMPLOY. CODE

64700

WH

45075

21. OFFICE CODING

NUMERIC

ALPHABETIC

22. STATION CODE

45075

3.

06 18 25

23. INTEGEE CODE

CODE

3.

06 18 25

24. Bldg/lns. Code

NO

DA

YR

25. DATE OF BIRTH

NO

DA

YR

26. DATE OF GRADE

NO

DA

YR

27. DATE OF RELE

NO

DA

YR

28. SECURITY REG. NO.

REG. NO.

35. VET. PREFERENCE

36. SERV. COMPL. DATE

NO

DA

YR

37. LONG. COMPL. DATE

NO

DA

YR

38. CAREER CATEGORY

CODE

CODE

CODE

CODE

39. FEGLI / HEALTH INSURANCE

CODE

CODE

CODE

CODE

40. SOCIAL SECURITY NO.

CODE

CODE

CODE

CODE

41. PREVIOUS GOVERNMENT SERVICE DATA

CODE

0 - NO PREVIOUS SERVICE

1 - NO BREAK IN SERVICE

2 - BREAK IN SERVICE LESS THAN 3 YRS.

3 - BREAK IN SERVICE MORE THAN 3 YRS.

42. LEAVE CAT. CODE

CODE

1 - TDS

2 - NO

43. FEDERAL TAX DATA

FORM EXECUTED

CODE

NO TAX EXEMPTIONS

FORM EXECUTED

CODE

1 - TDS

2 - NO

44. STATE TAX DATA

CODE

LLG: 4 JAN. 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

6. FUNDS		V 10-0	V 10-50	7. COST CENTER NO. CHARGEABLE	8. CL-OR OTHER LEGAL AUTHORITY			
		G 10-0	G 10-0	3232 1000 1000	50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION				
				WASH., D.C.				
11. POSITION TITLE				12. POSITION NUMBER	13. CAREER SERVICE PREFERENCE			
OPS. OFFICER				0678	D			
14. CLASSIFICATION SCHEDULE GS-10 GS-11		15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE				
GS		01 36.01	14 2	13270				
18. DETAILS								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE/GRADING	22. STATION CODE	23. INTEGREL CODE	24. BIRTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEE
37	10	61300 TFW	75013		06	18 25		
28. SITE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA-CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG. NO.	34. SES REG. NO.	
NO. DA. 10								
35. VET. PREFERENCE		36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FED/HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
(CODE)		NO 06 14	NO 06 14	(CODE)	(CODE)	0 - DEDUCED	HEALTH INS CODE	
1 - 0 PT						1 - 100%		
2 - 10 PT								
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA		
(CODE)					FORM SUBMITTED CODE	NO. TAX EXEMPTIONS	FORM SUBMITTED CODE	
0 - NO PREVIOUS SERVICE					0 - 100%		0 - 100%	
1 - NO BREAK IN SERVICE					1 - 100%		1 - 100%	
2 - BREAK IN SERVICE LESS THAN 3 mos								
3 - BREAK IN SERVICE MORE THAN 3 mos								
SIGNATURE OR OTHER AUTHENTICATION						POSTED 1/15/63 UK		

Form 1150
6-62Use Previous
Edition

1 JAN 1963

SECRET

EX-21
EX-22
EX-23
EX-24
EX-25

(When Filled In)

16-841

The 1963 Notification
of Personnel Action

Post 1966
Fitness Rpts

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER
055495

SECRET

(When filled in)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managing or supervisory duties must be described, if

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE READ SECTIONS A, B AND C OF THIS REPORT

DATE

3 June 65

2.

MONTHS EMPLOYEE HAS BEEN
UNDER MY SUPERVISION

DATE

3 June 65

3.

COMMENTS OF REVIEWING OFFICIAL

DATE

3 June 65

OFFICIAL TITLE OF REVIEWING OFFICIAL

EOS

TYPED OR PRINTED NAME AND SIGNATURE

Winston M. Scott /s/

SECRET

No Recd

6 September 1966

SUBJECT: Memorandum in Lieu of Final Fitness Report on

--

62

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER 055495
SECTION A	GENERAL	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. ~~PERSONNEL~~ ~~RECOMMENDATIONS FOR TRAINING~~ ~~PERSONNEL~~ ~~RECOMMENDATIONS FOR TRAINING~~ Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete

SECRET

Section C (Continued)

Overall, this officer is still turning in a performance of high quality under difficult conditions and is a distinct asset to the Station.

SECRET

SECRET
(Blank Filled In)

IT'S ONLY

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A	GENERAL	055495

SECRET

(Other Permitted, Inc.)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

SECRET

Pre. 1963 Fitness Rpt

Post 1966 Training
of insurance loss.



DEPARTMENT OF STATE
FOREIGN SERVICE INSTITUTE
WASHINGTON

June 28, 1966

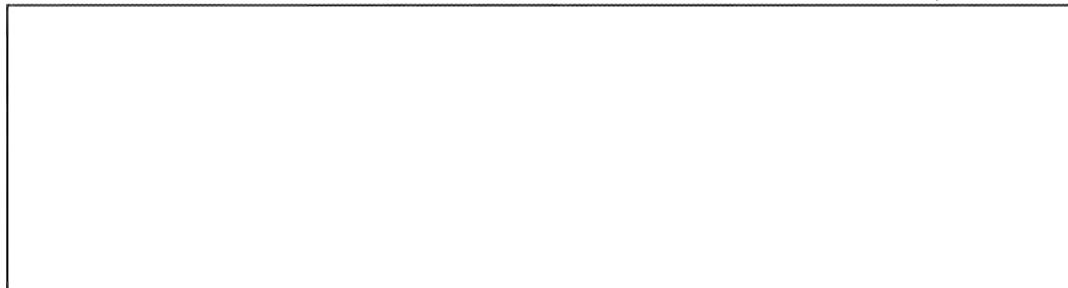
[Redacted]
yesterday we received your grade from the United States Department of Agriculture Graduate School in Modern Supervisory Practice.

✓ We wish to congratulate you on making an A+ in the course. To my knowledge, this is the first A+ received in any correspondence study course to be taken by Department personnel.

We trust that the course will be useful to you--and again congratulations.

Sincerely,

Evert T. Little
Evert T. Little
Chief
Extension Training Division



SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE	OFFICE/COMPONENT
	LAST	FIRST
		MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
1 - PCS (Basic)	27	08-29	30-31	32-33	34-35	36-37	38-39	
2 - CORRECTION								
3 - CANCELLATION								
	1	09	20	66				

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR	
2 - TDY (Basic)	27	08-29	30-31	32-33	34-35	36-37	38-39	
4 - CORRECTION								40-42
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	DUITY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
IN 99956	9/20/66

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED	
C B L DIVISION	DATE 9/22/66	SIGNATURE	
C C T DIVISION			

SECRET

4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)	5. PRESENT POSITION	6. EMPLOYEE EXTENSION
18. COMMENTS		
17. DATE OF REQUEST	19. ROOM NUMBER AND BUILDING	20. EXTENSION
9 MAY 1966	GH-56, Hqs.	6815
21. EVALUATION AND SIGNATURE OF APPROVING OFFICIAL		
<p style="text-align: center;">S. J. Neely, Jr.</p> <p style="text-align: center;">74417</p> <p style="text-align: center;">PT SS 10 52 11 12</p>		
REQUEST FOR PCS OVERSEAS EVALUATION		

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20250

Information Record

To whom it may concern c/o American Embassy
Mexico City, Mexico

he takes the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the Director.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

COURSE NO.	COURSE TITLE	SEMESTER	GRADE	NO. CREDITS
205 c	Modern Supervisory Practice	6/7/66	A*	2
	Correspondence Program			

A — 90-100 EXCELLENT F — BELOW 60 FAILURE
B — 80-89 GOOD G — AUDITOR
C — 70-79 FAIR I — INCOMPLETE
D — 60-69 PASSABLE W — WITHDRAWN

*Helen Kempfer, Head
Correspondence Program*

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSGs and FSRs in Mexico City
FROM : Ralph Scarritt, Administrative Officer
SUBJECT: FOREIGN SERVICE INSTITUTE Correspondence Course in Modern Supervisory Practice, Number 295C
REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and activities.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic Principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS I. Conferences: Planning and uses. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.

4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisors. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.
16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "Incomplete" or "Failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

U. S. DEPARTMENT OF AGRICULTURE
GRADUATE SCHOOL
WASHINGTON, D. C. 20230

Information Record

To whom it may concern: c/o American Embassy
Mexico City, Mexico

has taken the following courses in the Graduate School and has received the grades shown.

This is an information record and not an official transcript. The student was admitted on the basis of his own statement of previous education and experience, subject to the approval of the instructor.

For certification of academic credit, an official transcript should be requested. Students desiring academic credit must meet qualifications for admission to any standard college on the level of the courses for which they are registering.

<u>COURSE NO.</u>	<u>COURSE TITLE</u>	<u>SEMESTER</u>	<u>GRADE</u>	<u>GRADE POINT</u>
205 c	Modern Supervisory Practice	6/7/66	A+	2

Correspondence Program

A --- 90-100 EXCELLENT	F --- BELOW 60 FAILURE
B --- 80-89 GOOD	T --- AUDITOR
C --- 70-79 FAIR	I --- INCOMPLETE
D --- 60-69 PASSABLE	W --- WITHDRAWN

*Helen Kempfer, Head
Correspondence Program*

AMERICAN EMBASSY
MEXICO, D. F.

June 3, 1965

EMBASSY MEMORANDUM

TO : All FSOs, FSSs and FSRs in Mexico City
FROM : Ralph Scarritt, Administrative Officer
SUBJECT: FOREIGN SERVICE INSTITUTE: Correspondence Course in Modern Supervisory Practice, Number 205C
REF. : CA-12771 dated May 28, 1965

Following is the text of the referenced communication:

The Extension Training Division of the Foreign Service Institute is offering for the first time a correspondence course MODERN SUPERVISORY PRACTICE.

The course is recommended for supervisors at all levels. It has been developed by W. R. Van Dersal, N.A. Berg and J. B. Rogers of the United States Department of Agriculture Graduate School. Dr. Van Dersal is a regular lecturer and discussion leader for management classes at the Foreign Service Institute and is highly recommended by FSI as a valued contributor to their programs and activities.

The authors have conducted supervisory training all over the United States for thousands of employees. They are experienced with the Correspondence method.

The average student will devote a total of 160 hours to the course, which consists of 16 units and for which 2 credits are given. The course should be completed within twelve months of receipt of the first lesson.

The following is quoted from the course brochure, giving brief contents of each unit:

1. WORKING WITH PEOPLE. Basic principles.
2. ORGANIZATION. The organization chart. Supervisory ratios. Span of control. Line and staff. Handling rapid expansion. Basic principles. How to judge a good organization.
3. COMMUNICATIONS. Conferences: Planning and use. Effective use of speech and discussion. Making one's own talk more persuasive. Problem solving. Efficient listening.
4. COMMUNICATIONS

4. COMMUNICATIONS 2. Formal and informal communication channels. The grapevine. How to read better and faster. How to write more effectively. Testing your own writing.
5. MOTIVATION. Basic principles. Drives, motives, and incentives. Selecting responses to reinforce. The pattern of successful motivation. Testing effectiveness of programs.
6. SUPERVISION--BASIC PRINCIPLES FOR LINE OPERATORS AND MANAGERS. Inducting new employees. Seven principles of supervision. The Scanlon Plan. Using authority constructively. Praise versus punishment.
7. GENERAL PRINCIPLES FOR STAFF OPERATORS. Staff functions. Line-staff relationships. Gaining acceptance. Getting the most value from staff officers. Effective consulting.
8. SUPERVISORY TECHNIQUES. Handling problem employees. What to do when personal problems affect work.
9. TRAINING. Training responsibilities of supervisor. How to plan training programs. Training new employees. The supervisor's own career development program. Handling training during rapid expansion. Justifying training time.
10. PARTICIPATION. When and how to use participation in planning and decision making. Setting guideposts and limits.
11. THE DECISION MAKING PROCESS. Eight steps to better decisions. Decisions making as a learned skill. How to train yourself to make better decisions.
12. WORKLOAD AND ITS RELATION TO STAFFING. Workload analyses. Work plans. Short and long term schedules. Work-improvement studies. Staffing patterns and workload.
13. PLANNING, SCHEDULING, ORGANIZING. Basic principles. Steps in planning. Making and using schedules. Evaluation for better time-use.
14. QUALITY AND QUANTITY CONTROL--INCLUDING INSPECTIONS. Purpose and importance. Theories. How standards control function. Constructive inspection.
15. BOOK REVIEW AND ANALYSIS. To help student integrate thinking and develop an independent approach.

16. SOLVING

16. SOLVING PROBLEM CASES. Student pulls together all he has learned in the course and uses it in solving a job problem.

The course will be offered on a first come, first served basis. It is hoped that a number of applications will be received in time for enrollment during June.

Students who fail, receive an incomplete, or withdraw from this course for other than officially approved reasons will be expected to reimburse FSI for the course cost of \$58.00. If a student fails to complete the course for official reasons, no record is sent to his Personnel File. If he fails to complete the course for other than official and approved reasons and reimburses FSI for the costs of his course, no record is sent to his Personnel File. However a record of "incomplete" or "failure" is sent to his file if he drops or fails the course for reasons not approved and fails to reimburse FSI. This record is then taken into consideration if training is requested at a later date.

All interested officers are requested to submit their applications to the Department on form DS-1131 Field Training Application in accordance with the instructions set forth in 2 FAM 551, 552.

Further information on the course may be obtained by writing to the Extension Training Division, Foreign Service Institute, Department of State, Washington, D. C. 20520.

NOTE: Application forms may be obtained in the Personnel Office.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

DATE (From Item 3-2)
4 Aug 1964DATE
2 Sept 1964

DO NOT COMPLETE

DO NOT COMPLETE

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS
AUTHORIZED TO AUTHENTICATE SIGNATURES AND
VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
18 June 25	OS-14	Operations Officer OS-14	24 April 1963
4. SERVICE DESIGNATION (IF KNOWN)	5. CURRENT STATION OR FIELD BASE	7B. EXPECTED DATE OF DEPARTURE FROM FIELD On 10 Aug in Summer 65	
D	Mexico City	7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		None	

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form)

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (Refer to Catalog of Courses, if available).

SECRET

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-0	(Print)	7-24		20-26

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One Grid). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	CWT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
2 - CORRECTION								
3 - CANCELLATION	1	04	23	63				MEXICO
								450

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	CWT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
HIGTT - 3681	4/25/63

REMARKS		
PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA IS REPORTED CORRECT BASED UPON SOURCE DOCUMENT CITED
FEDERAL DEPARTMENT <input checked="" type="checkbox"/> - BASIC DEPARTMENT	DATE 5/10/63	SIGNATURE <i>[Signature]</i>

SECRET

30-1533 JAN 25 63

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, HOON 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-0	(Print)			80-61

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTER	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	20	27-28	20-30	31-32	32-33	20-30	37-38		30-61
2 - CORRECTION									
3 - CANCELLATION									

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			COUNTER	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	20	27-28	20-30	31-32	33-34	20-30	37-38		30-61
4 - CORRECTION									
6 - CANCELLATION	2	11	09	62	12	19	62	102 44	811

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ASSOCIATED WITH SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, DATA FROM SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	10-10-63
FINANCIAL DIVISION		<i>Thom D. [Signature]</i>

1451a

SECRET

10-10

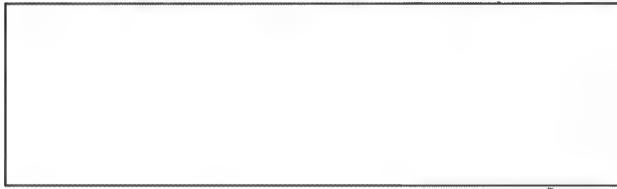
CONFIDENTIAL
(when filled in)

I M P O R T A N T

Central Processing Branch has been charged with responsibility (OPM 20-6-1 dated 12 October 1961) for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962.



14 February 1963
Date

CONFIDENTIAL

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

2-36 61 USE PREVIOUS
8-36 FORM 249

CONFIDENTIAL

CONFIDENTIAL
(When Filled In)

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF THE BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	
NQS.	14 Feb 1963	

CONFIDENTIAL

SECRET

PSD

Supplement to Staff Employee Personnel

Action

Effective 27 March 1961

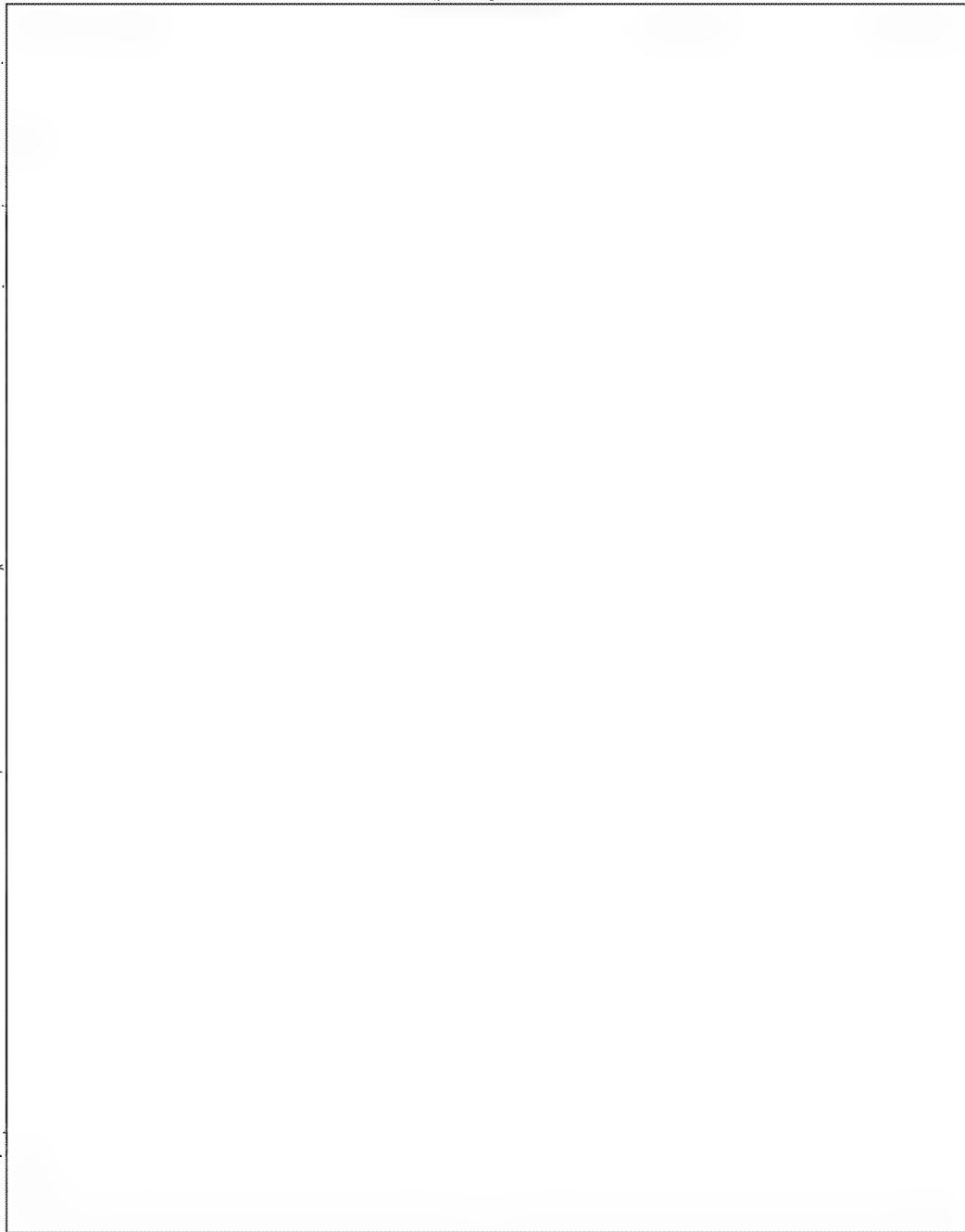
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Form 1535 Obsolete Previous
9-60 Edition

SECRET

(4-12)

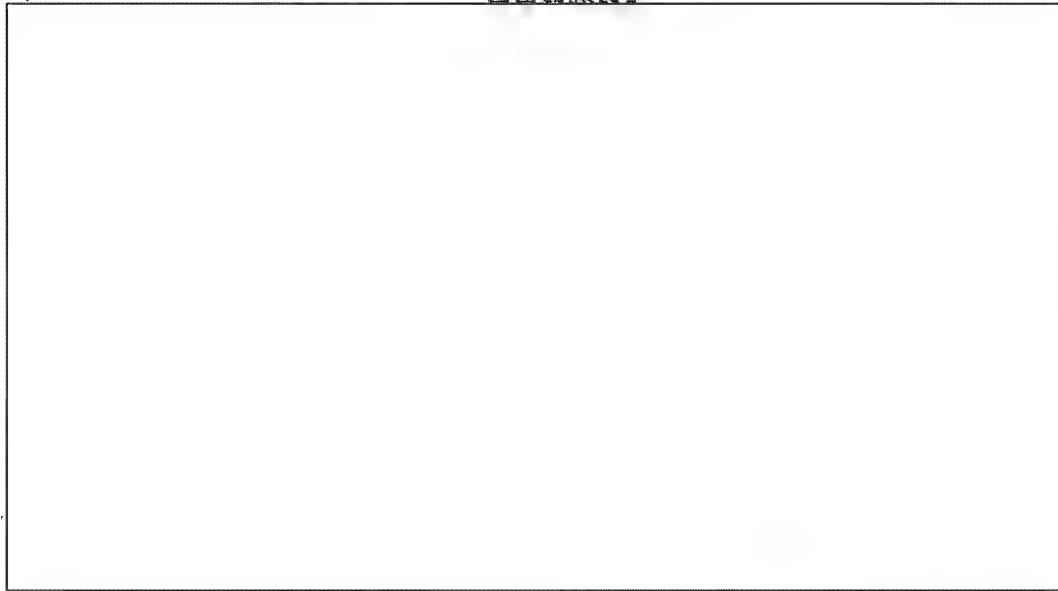
SECRET



2

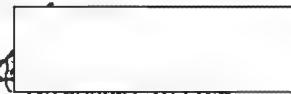
SECRET

SECRET



UNITED STATES GOVERNMENT

BY



ACCEPTED:



3

Form 1535c Obsolete Previous
9-60 Edition **SECRET**

(4-12)

Pre 1963 Training &
related fees.

Medical clearances

Pre 1963 Documents
(application forms,
awards, PHS supplements)

TELEPHONE REQUEST FOR RECORDS OR INFORMATION		DATE OF REQUEST	TELEP. INITIALS
NATIONAL PERSONNEL RECORDS CENTER, TCPD 111 Winnebago Street St. Louis, MO 63118		C417 6-9-78	RRB
CAUTION: Complete all items.		DATE OF BIRTH	
Former Federal Employee informed of Privacy Act Compliance requirements per instructions in NRPC-1607.43.		MONTH	DAY
		06	18
		YEAR	
		25	
SOCIAL SECURITY NUMBER			

NAME UNDER WHICH INDIVIDUAL EMPLOYED FEDERALLY (if different than current name)

PREVIOUS FEDERAL EMPLOYMENT			
AGENCY AND BUREAU	LOCATION	FROM	TO

GENERAL SERVICES ADMINISTRATION

GSA FORM 6895 (REV. 2-77)

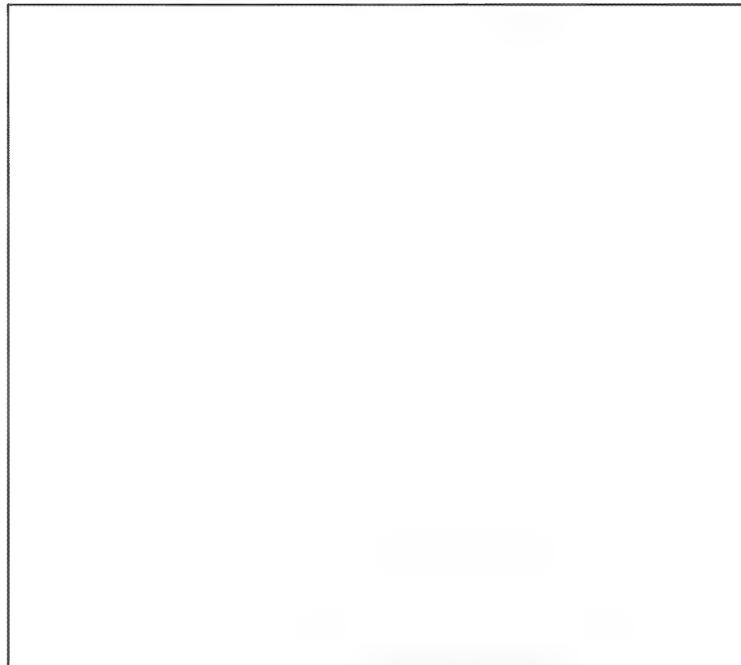
PERSONNEL FILES SECTION, DEPARTMENT OF STATE.

Date: 1/23/79

MEMORANDUM FOR: Rob. G., ROB
SUBJECT : Request for Estimate of Annuities

JB
SL

1. Please provide estimate of annuities for:



2. Remarks: OR FILE ATTACHED REQUESTED

COULD NOT FIND CDRWOS FILE

Robert B. G.
Counselor, ROB/RAD

CONFIDENTIAL (when filled in)

FORM DS 1032
11-63
Replaces DS 1032, 10-63
GSA GEN. REG. 41 CFR, 104-11

OPTIONAL FORM NUMBER

NOTIFICATION OF PERSONNEL ACTION

--	--

DS OFFICE MAINTAINING PERSONNEL FILE FOR DEPARTMENT OF STATE

DS OFFICE EMPLOYING DEPARTMENT OF STATE

W20XX DEPARTMENT OF STATE

STUU

2 PERSONNEL HOLDER

Form 09-1961
1-65
(Replaces 16-12, approved by
C. and D. of R. July 1961)

Page 1 of 2

REQUEST FOR PERSONNEL ACTION

1105

FM/FO

PART I. REQUESTING OFFICE (Fill in name and address in block letters)

--	--	--	--	--	--	--	--

PART II. TO BE COMPLETED BY PERSONNEL OFFICE (Check those items in PART I above and to be completed)

1. CLEARANCES	INITIALS OR SIGNATURE	DATE	ENTRANCE PERFORMANCE RATING SATISFACTORIAL	IA	NEW	VICE	RESHADED
2.	3.						
12. CIVIL OR POS. CONTRACT	13. CLASSIFICATION	14. EMPLOYMENT	15.	16. APPROVED BY	SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY PERIOD COMMENCING SERVICE COUNTING TOWARD CAREER TENURE FROM SUCCESSION POSITION EMPLOYEE RETAINED IN THE COMPETITIVE SERVICE SEPARATION SHOW REASON BELOW. CHECK IF APPLICABLE 1. FOR POSITION 2. FOR SERVICE		

[Signature]

PART III. TO BE COMPLETED BY EMPLOYEE

113-583-2-100



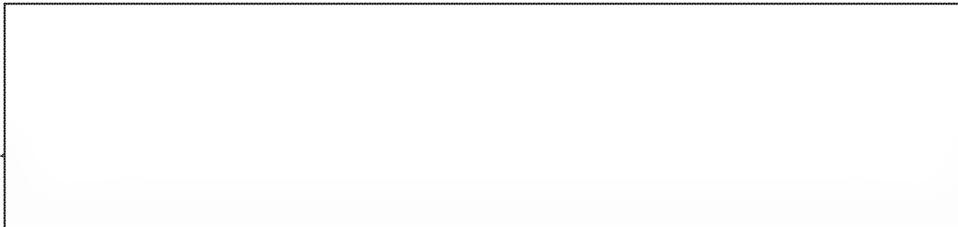
DEPARTMENT OF STATE

Washington, D.C. 20520

March 9, 1973

The Honorable William P. Rogers
The Secretary of State
Department of State
Washington, D.C. 20520

Dear Mr. Secretary:



Sincerely,



ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here _____
if you
WANT BOTH
optional and
regular
insurance



(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here _____
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here _____
if you
WANT NEITHER
regular nor
optional
insurance



(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

SIGN AND DATE, IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB," THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

February 4, 1968

HEALTH BENEFITS REGISTRATION FORM

U.S. FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

Standard Form No. 1000
GSA GEN. REG. NO. 2
12-64

Old Contract Number
6438716

Old Contract Control No.

TO ENROLLING OFFICE: NAME, ADDRESS, TELEPHONE NO., DATE OF ENROLLMENT IN THE BANK PLAN
CANCELLATION OR TRANSFER OPTIONS OR DATE OF ENROLLMENT IN THE BANK PLAN

NUMBER ENROLLED

DATE OF BIRTH

DATE OF BIRTH

IMPORTANT
IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE ENROLLED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY ENROLLED THROUGH THE ENROLLMENT OF ANOTHER FEDERAL OR DIVISION OF CIVIL SERVICE INSPECTOR OR AGENT, YOU MUST DISCONTINUE YOUR ENROLLMENT OR THE OTHER ENROLLMENT, MUST BE CANCELLED IMMEDIATELY. IF FEDERAL INSPECTOR ALREADY HIRED BY YOU IN PART OR IN COVERAGE THROUGH HIM OR HIS OWN ENROLLMENT, YOU CANNOT ENROLL A FAMILY ENROLLMENT UNLESS THIS FAMILY MEMBER CANCELS HIS OR HER ENROLLMENT.

1. I am or shall be a health benefits plan or plans holder. I acknowledge that no money, compensation, or benefit to cover the plan or the enrollment, except the information indicated below, shall be given or shall be given to me or to the plan or plan holder.

2. I am or shall be the sole holder of family insurance. (See prior page or back of this card, also your household children under age 18, listed in the family dependent children, and dependent and illegitimate children who are not in the family covered child insurance. Include also one or more dependents under age 18 whose dependents are 12 and whose dependents are 18, to the extent of self insurance. Obtain a duplicate certificate for a dependent child age 12 or more, if one is not already on file.)

3. If you are a female employee or dependent, does the family health plan include a medical plan is available or supplemental by reason of medical or physical disability which can be reported to insurance for payment for your health care plan? (If answer is Yes, attach a duplicate certificate. If one is not already on file.)

PART B

FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.

NAME OF PLAN	OPTION ENROLL OR NOT	ENROLLMENT CODE NUMBER
Wife or Husband	1	1

NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)	NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10

NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)	NAME OF FAMILY MEMBER	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	1		6
	2		7
	3		8
	4		9
	5		10

PART C

FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLAN OR PLAN WHICH YOU WISH TO CANCEL	PLAN OR PLAN WHICH YOU WISH TO CANCEL
1	2

IF YOU ARE CHANGING YOUR ENROLLMENT, ALSO FILL IN PART D.

PART D

FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.

1. I WANT TO ENROLL IN A PLAN WHICH IS NOT A FEDERAL INSPECTOR'S HEALTH BENEFITS PLAN.

PLAN OR PLAN WHICH YOU WISH TO CANCEL	PLAN OR PLAN WHICH YOU WISH TO CANCEL
1	2

2. I WANT TO CANCEL MY PRESENT ENROLLMENT IN PLAN

PLAN OR PLAN WHICH YOU WISH TO CANCEL	PLAN OR PLAN WHICH YOU WISH TO CANCEL
1	2

PART E

ALL WHO REGISTER MUST FILL IN THIS PART.

PART F
TO BE COMPLETED BY AGENT.

REMARKS
NAME ONLY
IN BLOCKS
AND NUMBER

Standard Form No. 84
Revised April 1951
U. S. Civil Service Commission
F. P. M. Chapter 31
64-108

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE PAPERS
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

50-12194

IMPORTANT.—The filing of this form will completely cancel any Declaration of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary... . . .	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
---	---	--------------	---

DESIGNATION OF BENEFICIARY

UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE

I, the employee identified above, concerning any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 2 of the Act of August 8, 1950, Public Law 630, and in nowise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name | Share to be paid to

.....
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I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary in my predecessor, shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

3-27-63

(Date of execution - month, day, year)

WITNESSED BY SIGNATURE

IMPORTANT—The filing of this form will completely cancel any designation you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

Standard Form 2-1, 2000 CHAPTER 1-311 PM 6 GAO 3-93		HEALTH BENEFITS REGISTRATION FORM FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1989 (Print or type in block of text pages. Use only capital letters for first letter of each word.)		CONTRACT NUMBER 153281
		2 (Page)	3 (Page)	4 (Page)
		5 (Page)	6 (Page)	7 (Page)
		8 (Page)	9 (Page)	10 (Page)
PART A ALL WHO REGISTER MUST FILE IN THIS PART.				
PART B FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.		1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) NAME OF PLAN: _____ CATEX (HIGH OR LOW): _____ EMPLOYEE/CONTRACT MEMBER: _____		
If enrollment is for self only, answer item 1. If enrollment is for self and family, etc., answer item 2; and item 3 if it applies.		2. In space below list all of your family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren. Do not include any person who is not living with you in a regular private residential relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) NAMES OF FAMILY MEMBERS DATE OF BIRTH (Month, Day, Year) NAMES OF FAMILY MEMBERS DATE OF BIRTH (Month, Day, Year) Wife or Husband: _____ 1. _____ _____ 2. _____ _____ 3. _____ _____ 4. _____ _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____		
THIS PART MUST ALSO BE FILLED IN IF YOU WISH TO CHANGE YOUR ENROLLMENT.		3. If you are a female (employee or annuitant)---does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>		
PART C FILL IN THIS PART IF YOU ALSO NOT TO ENROLL OR IF YOU WISH TO FILE A VACATION ENROLLMENT.		PLACE AN "X" IN ITEM 1 OR ITEM 2, AND IN ALL APPROPRIATE AND ANSWER ITEM 3. 1. I elect not to enroll in any plan under the Health Benefits Act. <input checked="" type="checkbox"/> 2. I elect to retain my present enrollment in the Health Benefits Act. <input type="checkbox"/> 3. The reason for my action is (Please use "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input checked="" type="checkbox"/> (c) No other reason. <input type="checkbox"/>		
PART D FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT		1. I elect to change my enrollment as of the following date: _____ 2. Enrollment date number of previous plan: _____ 3. Number of years which current coverage will take in place of previous coverage: _____ 4. Date of birth of dependents: _____ MONTH DAY YEAR 1 2 3 4 5 6 7 8 9 10 11 12		
PART E ALL WHO REGISTER MUST FILE IN THIS PART.		5. ADDITIONAL--Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (10 U.S.C. 1001.)		
PART F TO BE COMPLETED BY AGENT.		6. PLANS AND ADDRESSES OF EMPLOYERS 7. DATE RECEIVED BY AGENT/EXAMINER 8. CONTRACT NUMBER 9. EFFECTIVE DATE OF ENROLLMENT 10. CONTRACT EXPIRE DATE 11. CONTRACT AND DATE 12. CONTRACT AND DATE 13. CONTRACT AND DATE 14. CONTRACT AND DATE 15. CONTRACT AND DATE 16. CONTRACT AND DATE 17. CONTRACT AND DATE 18. CONTRACT AND DATE 19. CONTRACT AND DATE 20. CONTRACT AND DATE 21. CONTRACT AND DATE 22. CONTRACT AND DATE 23. CONTRACT AND DATE 24. CONTRACT AND DATE 25. CONTRACT AND DATE 26. CONTRACT AND DATE 27. CONTRACT AND DATE 28. CONTRACT AND DATE 29. CONTRACT AND DATE 30. CONTRACT AND DATE 31. CONTRACT AND DATE 32. CONTRACT AND DATE 33. CONTRACT AND DATE 34. CONTRACT AND DATE 35. CONTRACT AND DATE 36. CONTRACT AND DATE 37. CONTRACT AND DATE 38. CONTRACT AND DATE 39. CONTRACT AND DATE 40. CONTRACT AND DATE 41. CONTRACT AND DATE 42. CONTRACT AND DATE 43. CONTRACT AND DATE 44. CONTRACT AND DATE 45. CONTRACT AND DATE 46. CONTRACT AND DATE 47. CONTRACT AND DATE 48. 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74-3
DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Name or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John Doe, Jr.	123 Main Street, Anytown, U.S.A.	Spouse	100%
John Doe, Jr.	123 Main Street, Anytown, U.S.A.	Spouse	100%
John Doe, Jr.	123 Main Street, Anytown, U.S.A.	Spouse	100%

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiaries.

May 11, 1956

WITNESSES TO SIGNATURE (If witness is ineligible to sign)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

50-70010-8

PAGE 9616

FEDERAL PAY ADJ.EX.ORDER 11691 DEC.15,1972 EFF. JAN.7,1973

PREPARED ON 01/17/73
DATA AS OF 01/07/73

NEW NAME	SOC SEC NUMBER	ORG-CD	PP	CR	PAY STEP	SALARY	NEW SALARY
					03 07	2802200	2946200

298600 FR 03 07 2802200 2946200



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to receive travel and travel of Government aircraft as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination. Rations allowances are shown in Item 15.

1. NAME, ADDRESS AND UNDERTAKING DATE 2. EMPLOYEE NUMBER 3. AUTHORITY NUMBER

- 10 - PART - 489

FEA-947-ACT OF 1990,PL92-21C,PLC,22,1971,EX,0411637 EFF 1-9-72

SEARCHED BY 911072

DATA AS OF 01/09/72

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DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

5222222199

LWC-F DATA USE in supplementary types of currency issued during following periods

NO 295698 LWOP. TOTAL 634000 LWOP
(Check applicable box in case of excess LWOP)
 IN PAY STATUS AT END OF WAITING PERIOD
 IN LWOP STATUS AT END OF WAITING PERIOD

Part 2: of One

Other Step-Increase _____

Performance rating as satisfactory or better.

典故用例

JOHN H. BURNS

(Signature or other authentication)

RECORDED COPY

PAGE 8894
FEDERAL PAY COMPATABILITY ACT OF 1976, PL 91-656

PREPARED ON 02/05/71
DATA AS OF 01/31/71

NAME _____

EMPLOYEE NUMBER	SSC NUMBER	SEC NUMBER	PAY PLAN	GRADE	NEXT PAY	OLD SALARY	NEW SALARY
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APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing or affirming to these appointment affidavits, you should read and understand the attached information for appointee

First Secretary and Consul

(Position to which appointed)

November 20, 1970

(Date of appointment)

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

Subscribed and sworn (or affirmed) before me th

(CIG)

[SEAL]

Commission expires
(If by a Notary Public, the date of expiration
of his Commission should be shown)

Note.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "SO HELP ME GOD" in the oath, and the word "swear" whenever it appears above should be struck out when the appointee elects to affirm rather than swear to the affidavits; only these words may be struck and only when the appointee elects to affirm the affidavits.

11-63 DS 1637

THE BOOK OF THE DEAD

NOTIFICATION OF PERSONNEL ACTION

SUBMITTING ONCE AND 295

2 PERSONNEL FOLDER

66

REQUEST FOR PERSONNEL ACTION

Form 1000
10-67
Glossop to 47-12 approved by
CM and R of R July 1967

PART I. REQUESTING OFFICE (fill in item where there are heavy lines)

PA 3/PC 11-24-70, 44-21

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1. READING BY TELETYPE OR
PART I. (Continued)

RECORDED COMMUNICATIONS RECEIVED BY TELETYPE AND SIGNED TO THE FOLLOWING ADDRESSES

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 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REPORT OF SEPARATION DATA
(Continued)

1991-1992
FSC

Recd
6-23

1. *Leucosia* *leucosia* (L.) *leucosia* (L.)

1. **DECISIONS DERIVED FROM NORMS** (100 POINTS)

PART III TO BE COMPLETED BY EMPLOYEE



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FM-1 510.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown on item 13.

FORM DS-1040
5-3-69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

Period(s)
Period(s)

- NO EXCESS LWOP. TOTAL EXCESS LWOP _____
- Check applicable box in case of excess LWOP:
 - IN PAY STATUS AT END OF WAITING PERIOD
 - IN LWOP STATUS AT END OF WAITING PERIOD

Initials of Clerk

Other Step-Increase _____

Pay Adjustment _____

REMARKS

Performance rating is satisfactory or better.

JOHN N. BURNS

(Signature or other authentication)

PERSONNEL COPY

סָבָבָה

TELEGRAM SAWAY 101-1070, PL 20-2216, 785 220334Z

REPORTED BY 05/01/70
DATA AS OF 04/24/70

१८४८

| EMPLOYEE
NUMBER | SOC. SEC
NUMBER | PAY
PLAN | GRADE
PSI | NEXT
SALARY | OLD
SALARY | NEW
SALARY |
|--------------------|--------------------|-------------|--------------|----------------|---------------|---------------|
|--------------------|--------------------|-------------|--------------|----------------|---------------|---------------|

EMPLOYEE

PERSONNEL TRANSACTION REGISTER

EFFECTIVE DATE 07/13/69

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

From 01/00
23.00

RECEIVED

Signature of payor or disbursing

RECORDED COPY

FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-206

JULY 14 1968



FORM 05-1932
1102
Revised 10-20-1957
CAB 200 10-10-1957

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

| | |
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MI 3-5
P

2 PERSONNEL FOLDER

100 00 00

REQUEST FOR PERSONNEL ACTION

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FEDERAL EMPLOYEES SALARY ACT OF 1967

PUB. LAW 90-200

EXEMPT

FEDERAL EMPLOYEES SALARY ACT OF 1968

PUB. LAW 90-504

1-JULY-1968

FORM 05-1042
7-15-68

DEPARTMENT OF STATE
PAY ROLL CHANGE SLIP

TOTAL EXCESS LWOP
(Check if applicable. Use at end of excess LWOP)
IN PAY STATUS AT END OF WAITING PERIOD
IN LOP STATUS AT END OF WAITING PERIOD.

Pay Adjustment

Initials of Clerk

Performance rating is satisfactory or better.

REMARKS

JOHN H. STEEVES

100% or other (check where)



DEPARTMENT OF STATE
PERSONNEL ACTION
AND
AUTHORIZATION OF OFFICIAL TRAVEL
Applicable Regulations: 6 FAM 100 & FAM-1 \$10.4

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized. Unless otherwise noted, shipment of effects is authorized from station of origin to station of destination if allowances are shown in item 19.

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE

• A DATE OF BUSINESS: 10/01/2000 • A CORPORATION DATE: 10/01/2000 • A PERIODICITY: 10/01/2000

| | | | |
|--|--|--|------------------------|
| PART I. REQUESTING OFFICE (Fill in items above this in heavy lines) | | | |
| A DATE OF REQUEST
7/5/56 | B PROPOSED EFFECTIVE DATE
7/5/56 | C REQUEST BY FORM
ED | D SERVICE
ED |
| 1. NAME (CAPS) John Doe, Jr. | | 2. ADDRESS 123 Main St., Anytown, USA | |
| 3. MOSS MRS. ED | | 4. EMPLOYER ED | |
| 5. TELEPHONE ED | | 6. SOCIAL SEC. NO. ED | |

1 NAME (CAPS) *John Doe Jr.*

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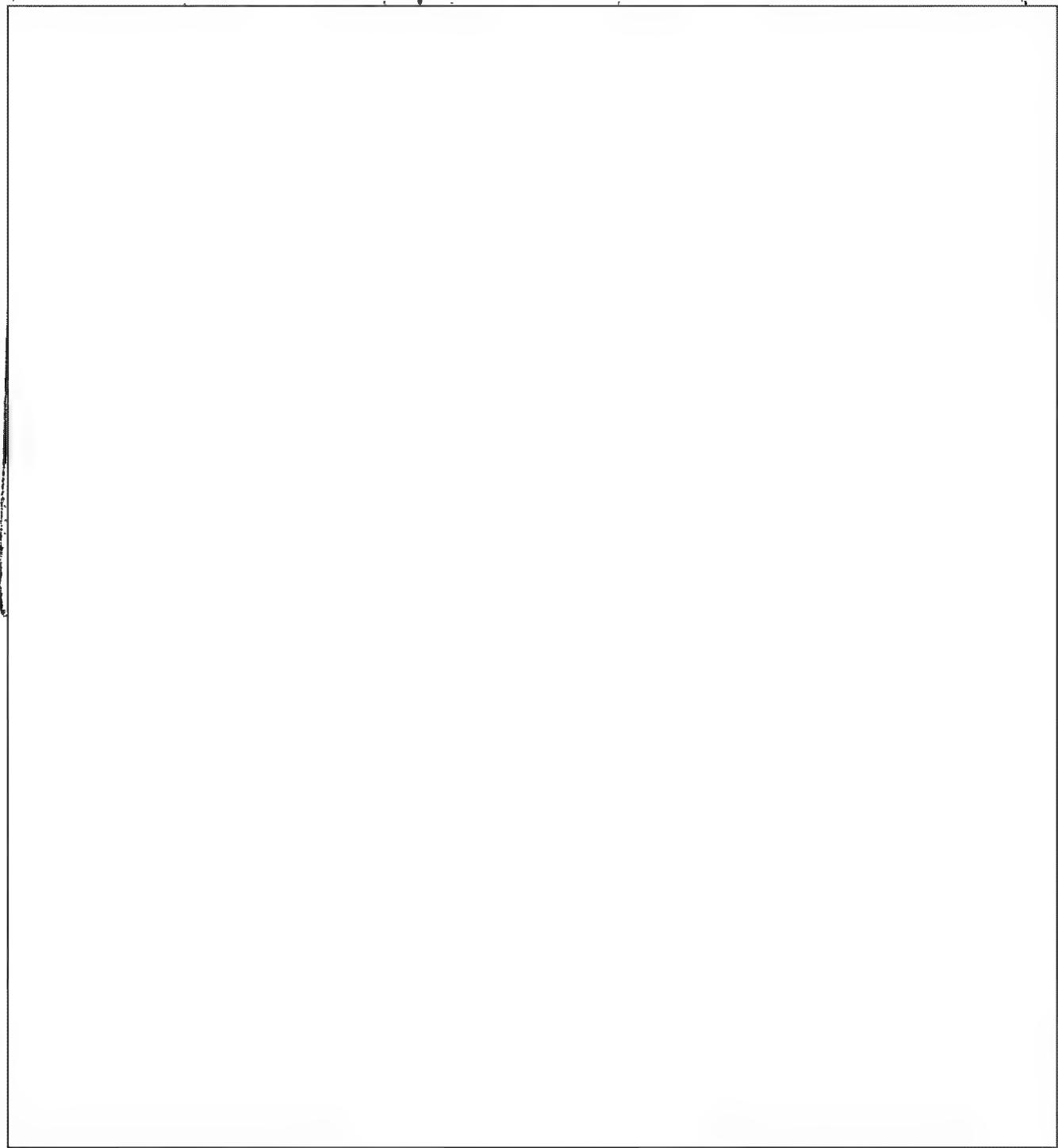
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05 1032
1-63
Reference is made to the
Circular Letter dated 1942

JOURNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

| | |
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JL

2

PERSONNEL FOLDER

100 200 300

7-5-64 DL PR-826
PAY ING. FFF.

FROM TO
SALARY SALARY STEP ORGAN
PAY PLAN CLASS

NAME

12.860 13.330

312801

| | | | |
|-----------------------------------|--|--|--|
| [Large rectangular redacted area] | | | |
|-----------------------------------|--|--|--|

[Signature or Seal over redaction]

PERSONNEL COPY

NAME : PAY PLAN CLASS : SALARY : FROM : TO : SALARY STEP ORGN

FR 04 \$ 11,880 \$ 12,495 03 312801

STANDARD FORM NO. 610.
REvised JUNE 1950
APPROVED BY
COMP. GEN. U. S.
MARCH 10, 1950
U. S. CIVIL SERVICE COMMISSIONER
F. P. M. CHAPTER 10

United Mexican States
Federal District
City of México
Embassy of the United
States of America
SS:

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE.—The oath of office must be administered by a person specified in 3 U. S. C. 18, or by a person designated to administer oaths under Section 208, Act of June 26, 1943, 3 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.

Form DS-1032

1-62
Replaces G-17, 1-52, and G-17, 1-52, 1952
FBI and D. A. Form 1032

INTERNAL NUMBER

NOTIFICATION OF PERSONNEL ACTION

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CIP

2

PERSONNEL FOLDER

SEARCHED INDEXED SERIALIZED FILED

1 2 3 4 5 6 7 8 9

~ REQUEST FOR PERSONNEL ACTION

STANDARD FORM NO. 818
REVISED JUNE 1950
APPROVED BY
COMPT. GEN., U. S.
MARCH 10, 1947
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 44

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 21a and 21b)

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 25, 1943, 5 U. S. C. 168. If by a Notary Public, the date of expiration of his commission should be shown.

65-21502-8 6-3 INFORMATION REPORTER 1948

Form 88-1032
1. Enclosure to AF 10 approved by
CIA and DOD 2 July 1962

NOTIFICATION OF PERSONNEL ACTION

SEARCHED INDEXED SERIALIZED FILED
AFRICA NUMBER

Form DS-1081
120000-64-12 approved by
FAC 2-10-68

REQUEST FOR PERSONNEL ACTION

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NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attn: Mr. John Ordway

DATE: February 1, 1963

SUBJECT: [Redacted]

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

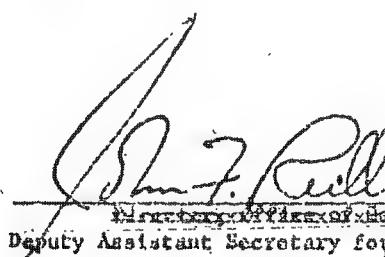
The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.


John J. Reilly
Deputy Assistant Secretary for Security

ATTACHMENTS

O/SY:JJReilly:mc

This memorandum may be considered as 'OFFICIAL USE ONLY' upon removal of attachments.

UNCLASSIFIED/Mexico City

STANDARD FORM 144
REVISED SEPTEMBER 1974
U. S. GOVERNMENT PRINTING
OFFICE: 1974 14-740-1000

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in reducing agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT

1. DATE OF BIRTH

PART II—THIS COLUMN IS
FOR PERSONNEL OFFICE USE

2. RETENTION GROUP

Form 144
GSA GEN. REG. NO. 27
MAY 1974 EDITION
GSA GEN. REG. NO. 27
MAY 1974 EDITION

Form 6197-34
3-1-53

DEPARTMENT OF STATE

SUPPLEMENT TO STANDARD FORM 57

If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

Padgett Bureau No. 47-8071-6
Approval Expires June 30, 1953

2. USE OF APPLICATION - CHECK BELOW TO INDICATE TYPE OF EMPLOYMENT FOR WHICH YOU WISH TO BE CONSIDERED:

Foreign Service only

Departmental only

Foreign Service and Departmental

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if

18. RELATIVES BY BLOOD OR MARRIAGE NOW RESIDING IN FOREIGN COUNTRIES

STANDARD FORM 37
REVISED MARCH 1941
U. S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

July 16, 1963

37-19

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

• 18 - 240 - 9 -

STANDARD FORM 57A
MAY 1964-U. S. GOVERNMENT
SERVICE COMMISSION

CONTINUATION SHEET FOR STANDARD FORM 57
"Application for Federal Employment"

57-503

| |
|--|
| |
|--|

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

| A. Kind of License or Certificate (For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.) | B. State or other licensing authority | C. Year of first license or certificate | D. Year of latest license or certificate |
|---|---------------------------------------|---|--|
|---|---------------------------------------|---|--|

(Large rectangular box for attaching supplemental sheets or forms)

| DATE OF EMPLOYMENT (month, year) | EXACT TITLE OF YOUR POSITION | YES | NO |
|--|------------------------------|-----|----|
| ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN | | | |
| 25. Are you a citizen of the United States of America? If "No," give country of which you are a citizen | | | |
| If "No," give country of which you are a citizen | | | |
| If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet) | | | |
| 26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization? | | | |
| 27. Are you now or have you ever been a member of any <u>totalitarian</u> , Fascist, Communist, or subversive, or which has adopted, or shown, a policy of advocating or supporting the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? | | | |
| If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet) | | | |
| 28. Have you any physical handicap, chronic disease, or other disability? | | | |
| 29. Have you ever had a nervous breakdown? | | | |
| 30. Have you ever had tuberculosis? | | | |
| If your answer to 28, 29, or 30 above is "Yes," give details on Item 39. | | | |
| 31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? If your answer is "Yes," give dates of and reasons for such debarment in Item 39. | | | |
| 32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months? | | | |
| If your answer is "Yes," give in Item 40 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed, and (5) kind of appointment. | | | |
| 33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension, or other compensation for military or naval service? | | | |
| If your answer is "Yes," give details in Item 39. | | | |
| 34. Are you an official or employee of any State, territory, county, or municipality? | | | |
| If your answer is "Yes," give details in Item 39. | | | |
| 35. Have you ever been discharged (fired) from employment for any reason? | | | |
| 36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason? | | | |
| If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reason, in each case. This information should agree with statements made in Item 19—Experience. | | | |
| 37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$50.00 or less, and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) | | | |
| 38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court martial? | | | |
| If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident, (1) date, (2) charge, (3) place, (4) law enforcement authority or type of court or court-martial, and (5) action taken. | | | |
| 39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply. | | | |

**ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE
SIGNING THIS APPLICATION**

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

I CERTIFY that all of the statements made in this application are true and correct to the best of my knowledge and belief.

Signature of applicant _____

FORM DS-1032
(Exception to SF 50
Approved by CSC and

**NOTIFICATION OF
PERSONNEL ACTION**

JOURNAL
NUMBER

16

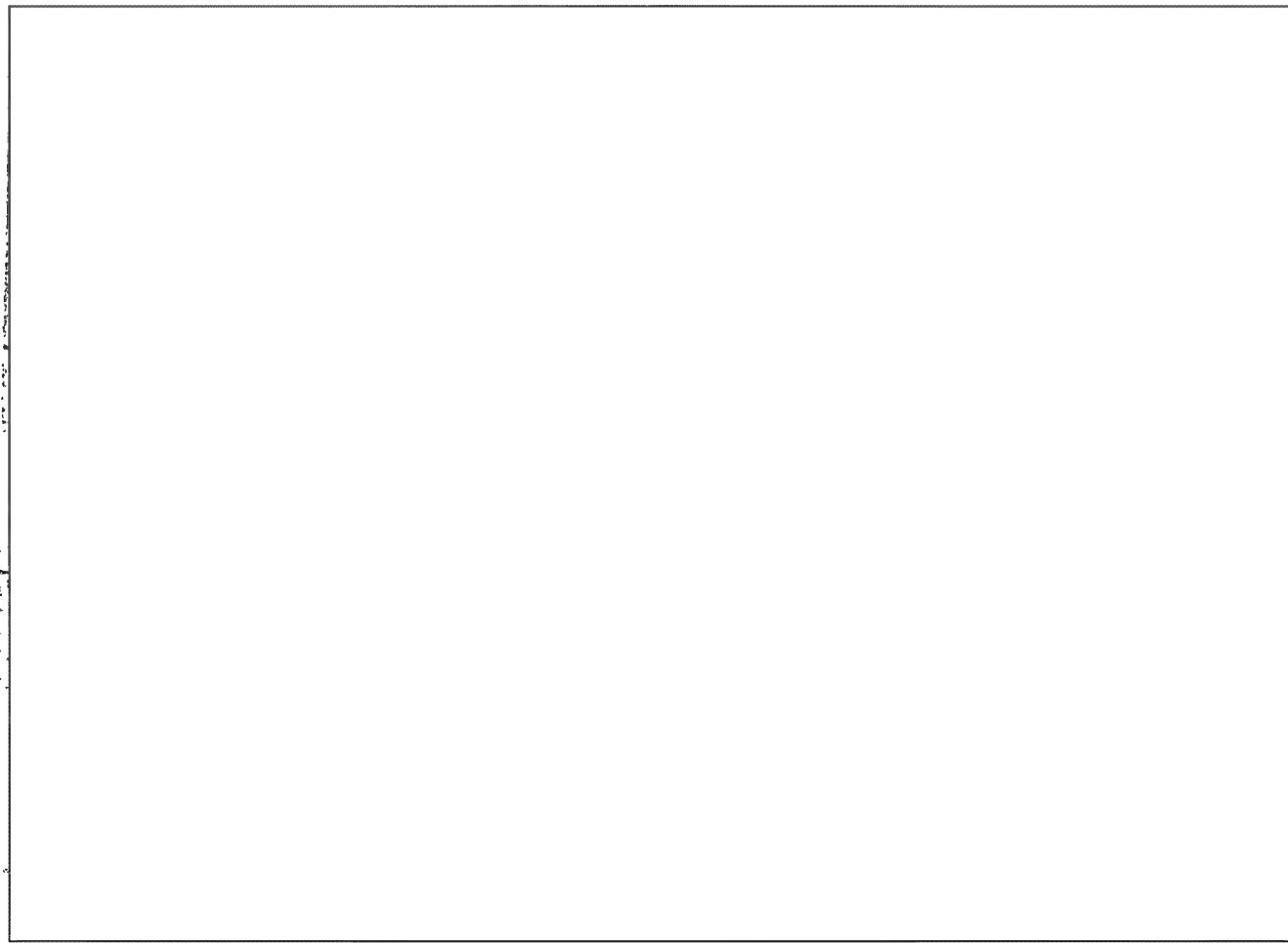
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| FORM DS-1031 (Exception to SF-52
approved by CSC and B of B
April 22, 1940) | REQUEST NO. | SERVICE | ROUTING | | | |
| DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION | DATE OF REQUEST
04/21/61 | <input checked="" type="checkbox"/> FS | 1 WP
2 LV
3 DP | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 | | |

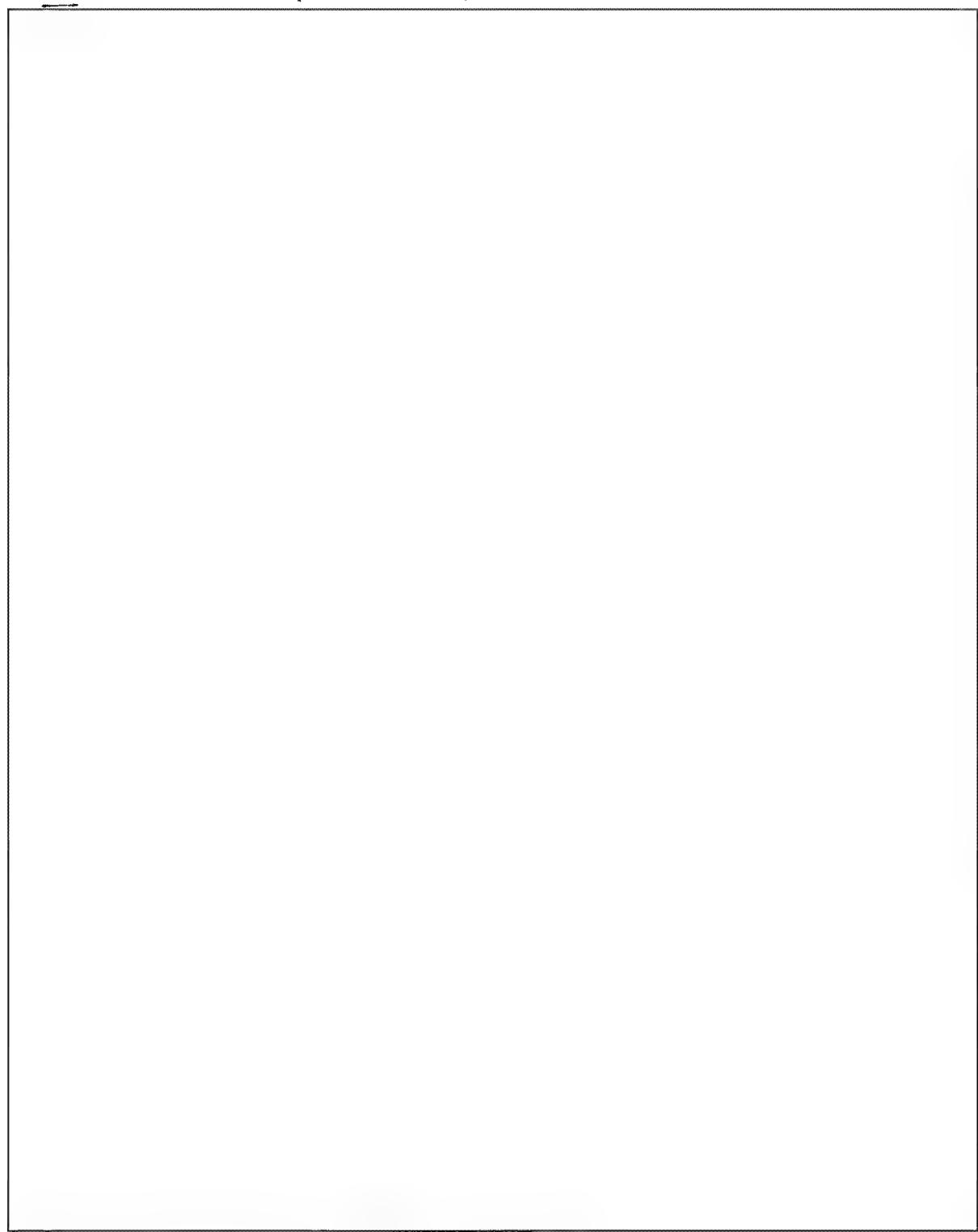
Washington, D.C.
April 20, 1961

The Honorable
The Secretary of State
Washington, D.C.

Dear Mr. Secretary:

6-15-61





PERSONNEL FOLDER

2.

Form DS-1031 Revision to SF-52
Approved by the Bureau of the Budget
May 1954

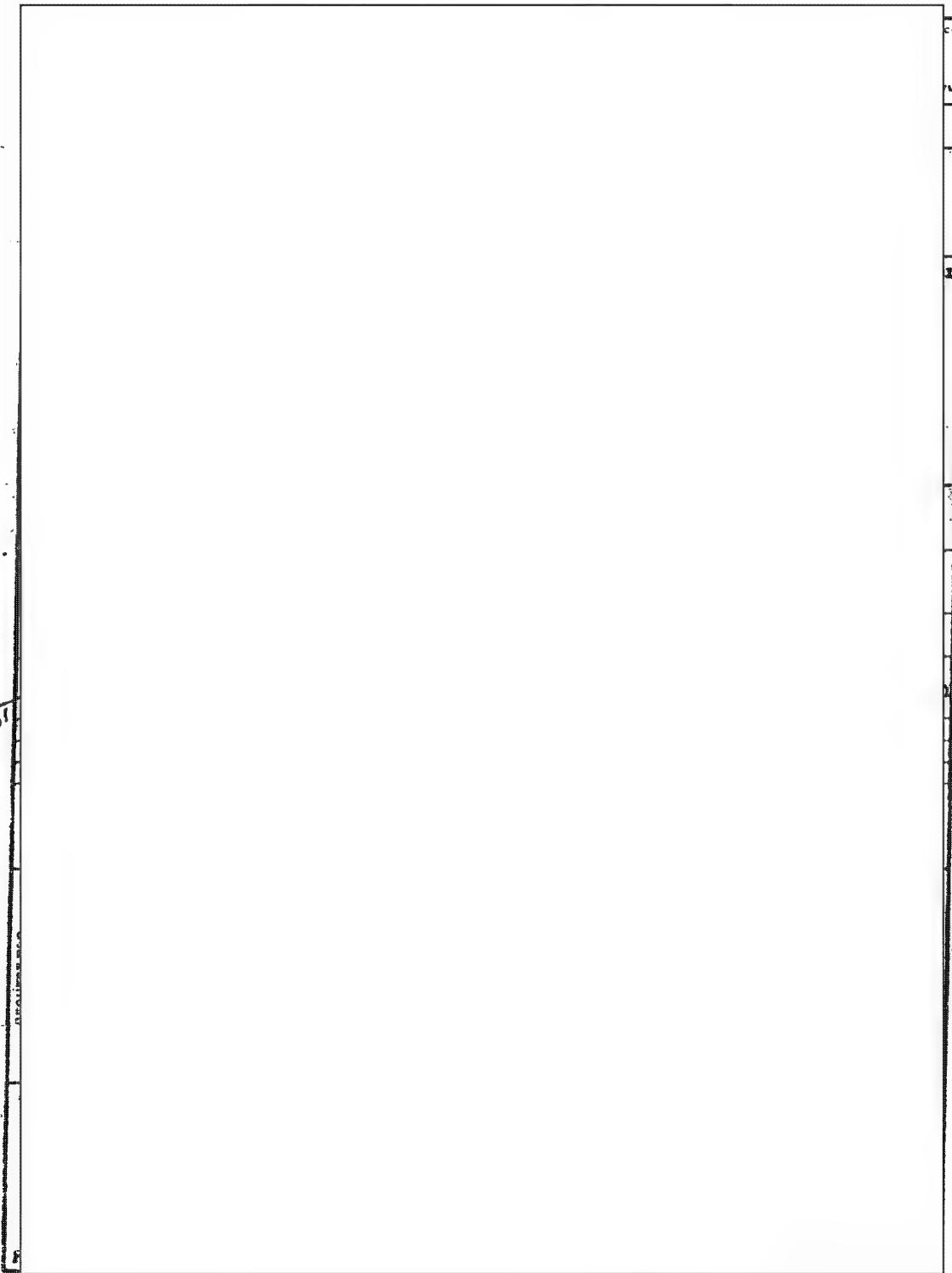
DEPARTMENT OF STATE
REQUEST FOR PERSONNEL ACTION

| ROUTING | 4 | 5 | 6 | SERVICE |
|---------|-----|---|-------|------------------------------|
| WROS | 1-X | 2 | 3 | 10 |
| ARA | 2-X | 0 | TRANS | 11 |
| AAR | 1-X | 7 | | <input type="checkbox"/> DPL |

531

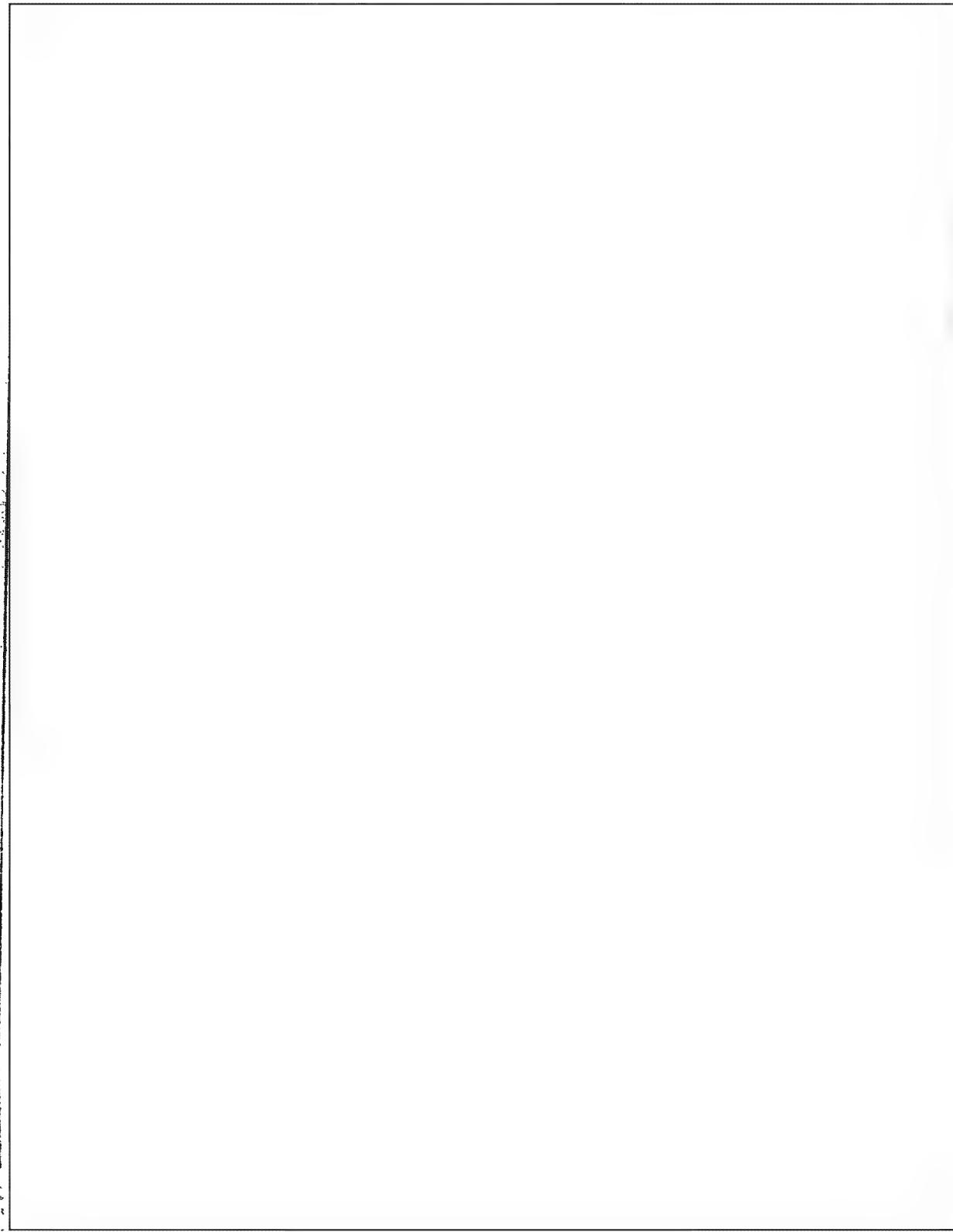
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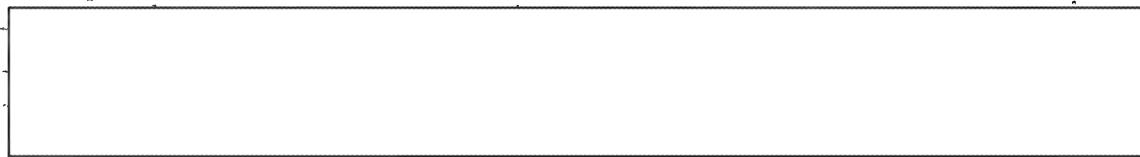
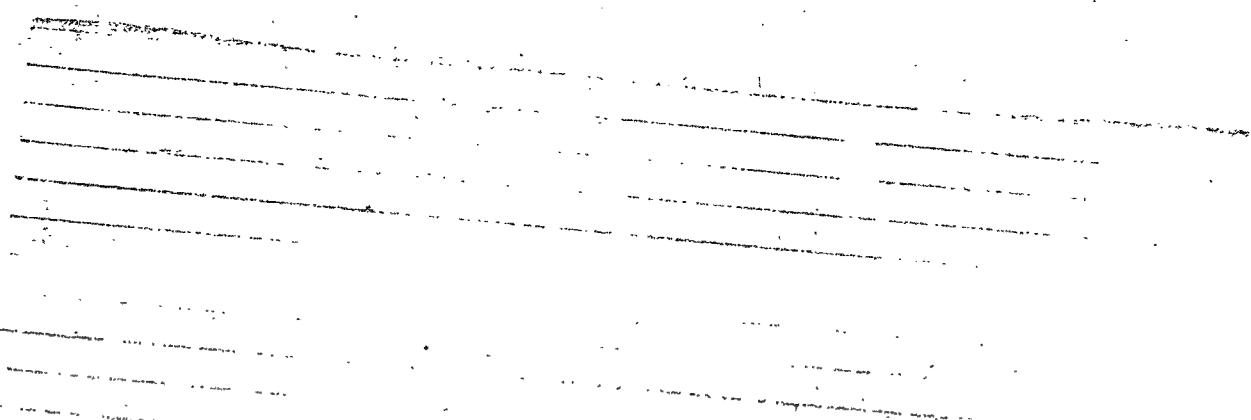
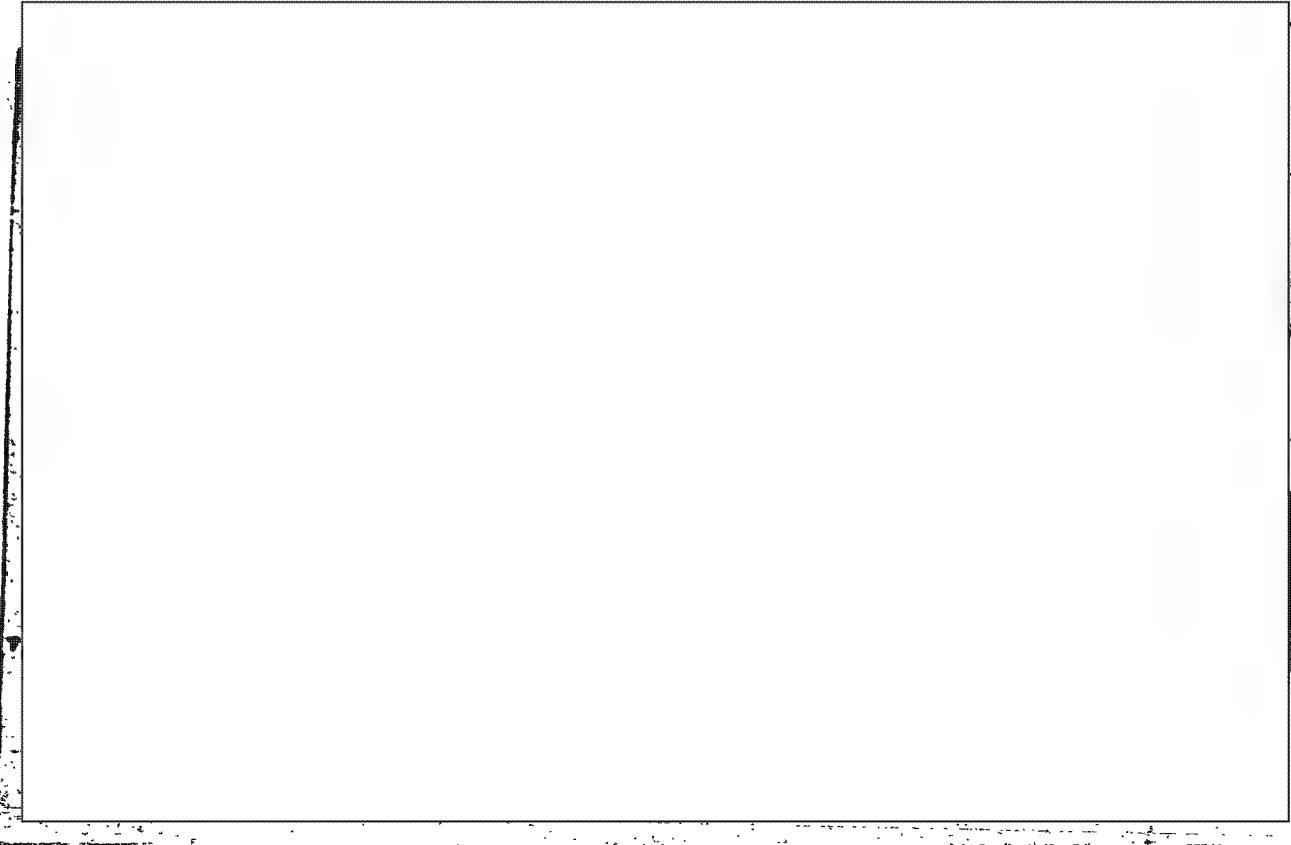
PERSONNEL FOLDER



131

13





**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 21a and 21b)

PER 61a

do solemnly swear (or affirm) that

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

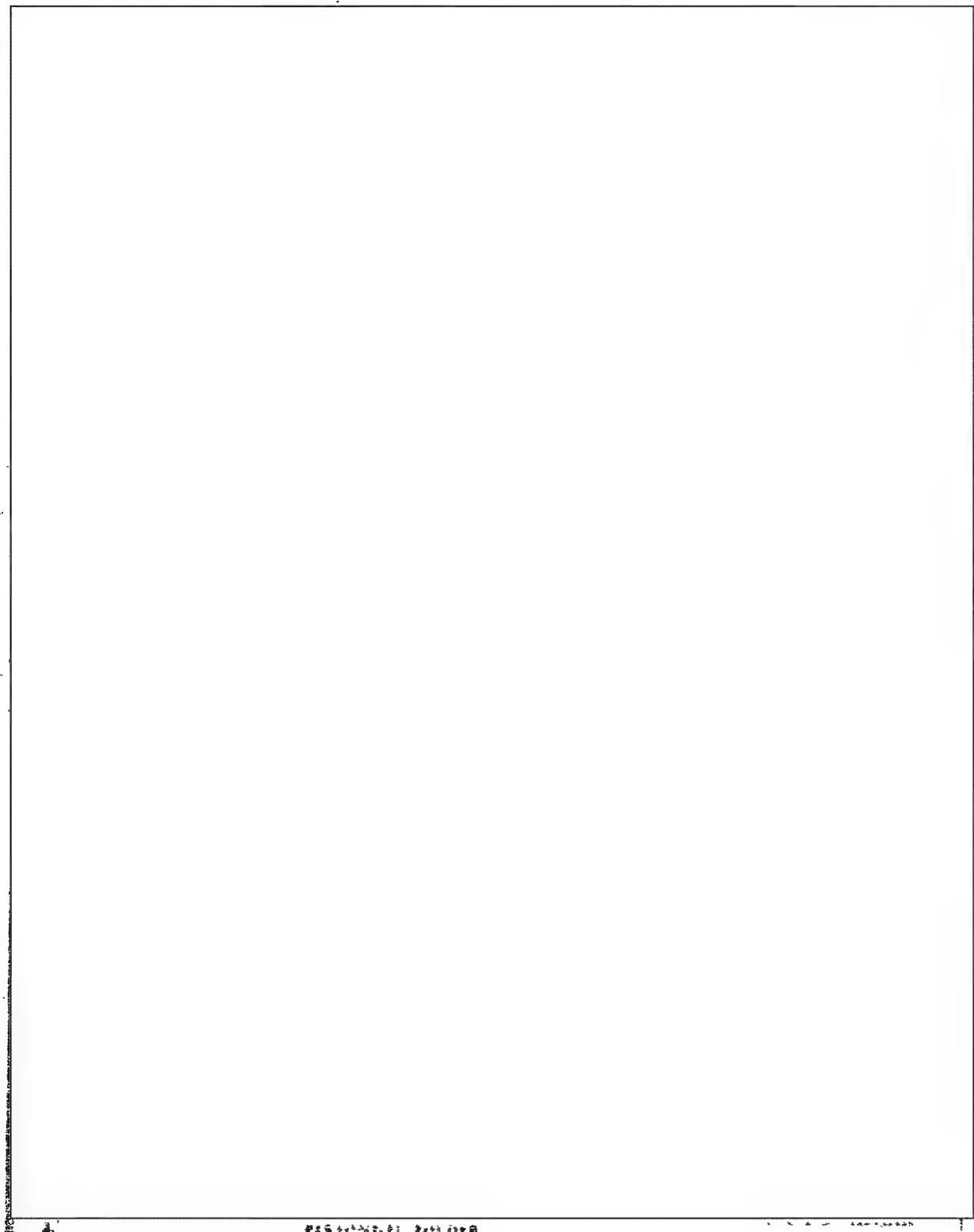
C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

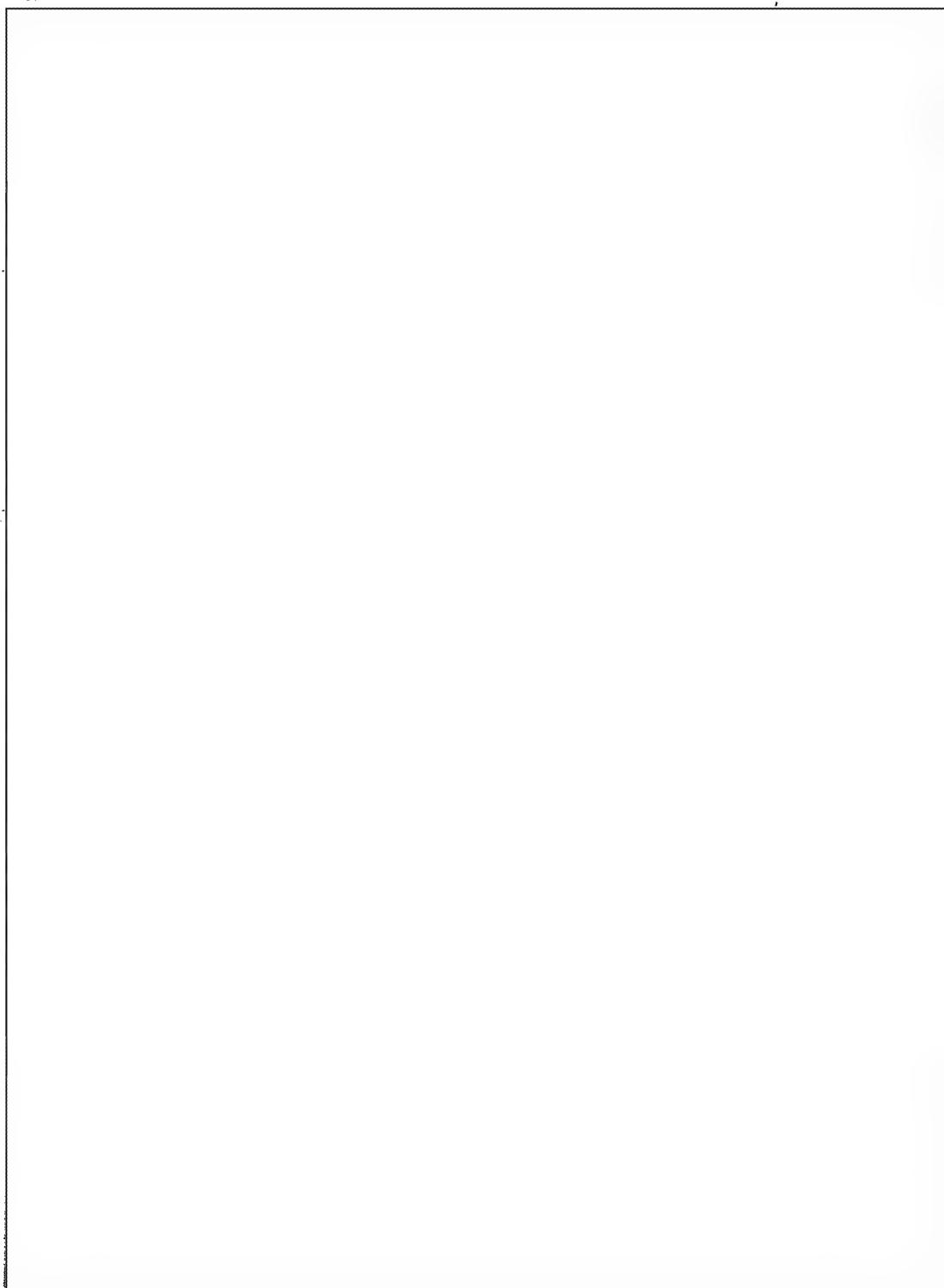
D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

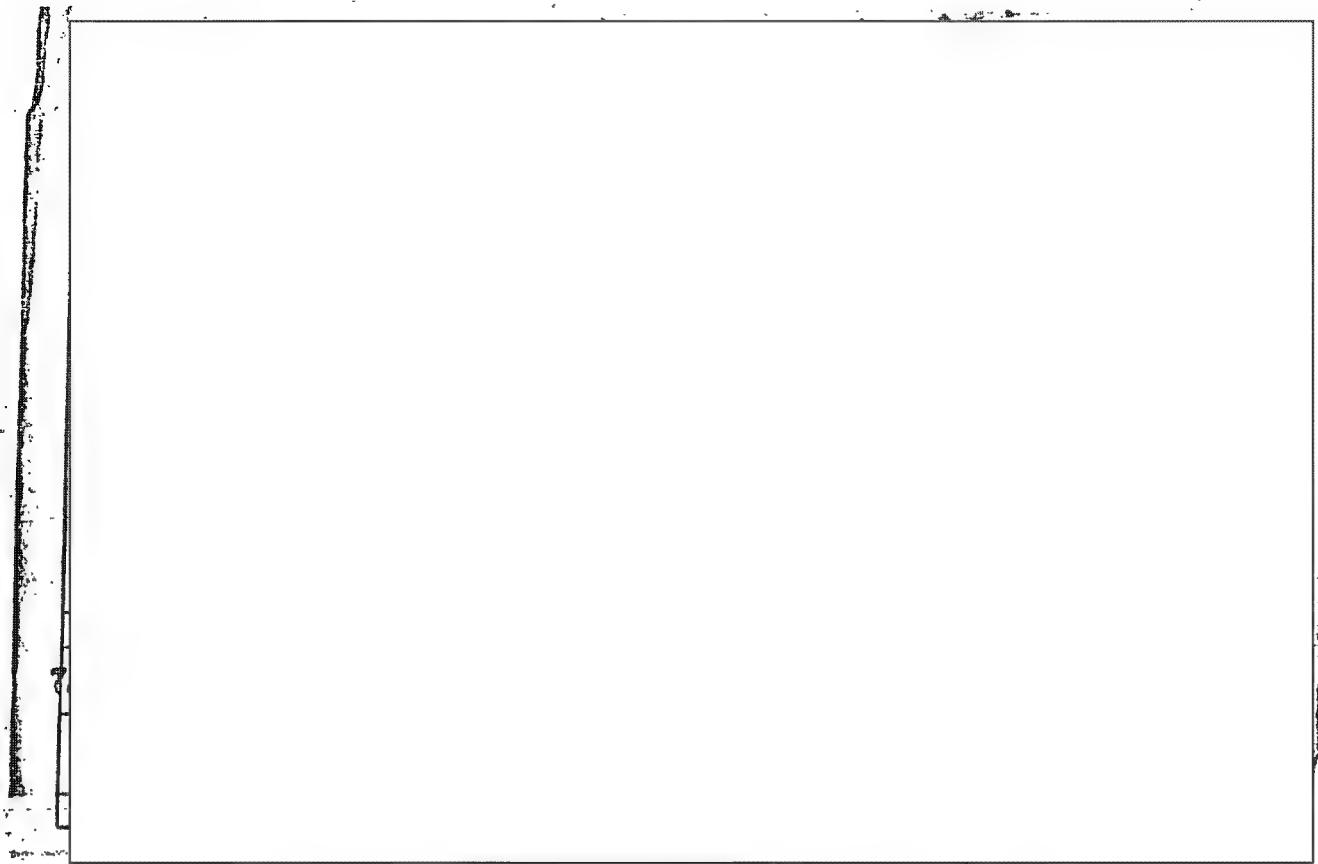
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

3 2



RECORDED 7/1/88





SALARY ADJ EFF 7-26-56 PL 828 CA 1166 8-7-56



STANDARD FORM 61a
BUREAU OF THE BUDGET
FORM APPROVED BY THE COMPT. GEN. U. S.
JUNE 15, 1950
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

A. OATH OF OFFICE

PERSONNEL FILES

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

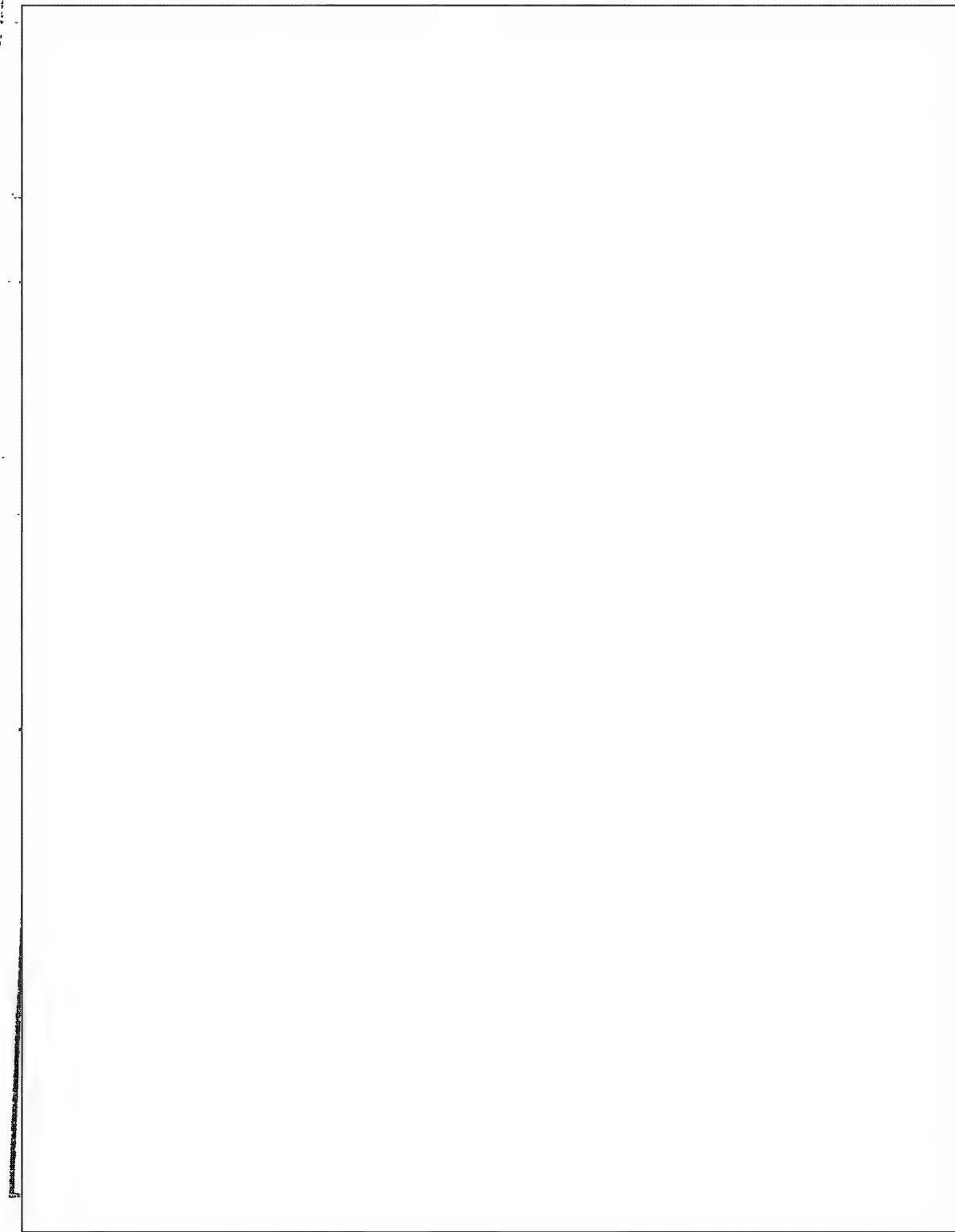
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE--If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.

2.

PERSONNEL FOLDER

0820 100 03478



STANDARD FORM 61a
DEPARTMENT OF THE BUDGET
FORM APPROVED BY THE COMPT. GEN. U.S.
JUNE 15, 1955
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 46

**CIVIL OFFICER
APPOINTMENT AFFIDAVITS**

(As defined in 5 USC 31a and 31b)

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

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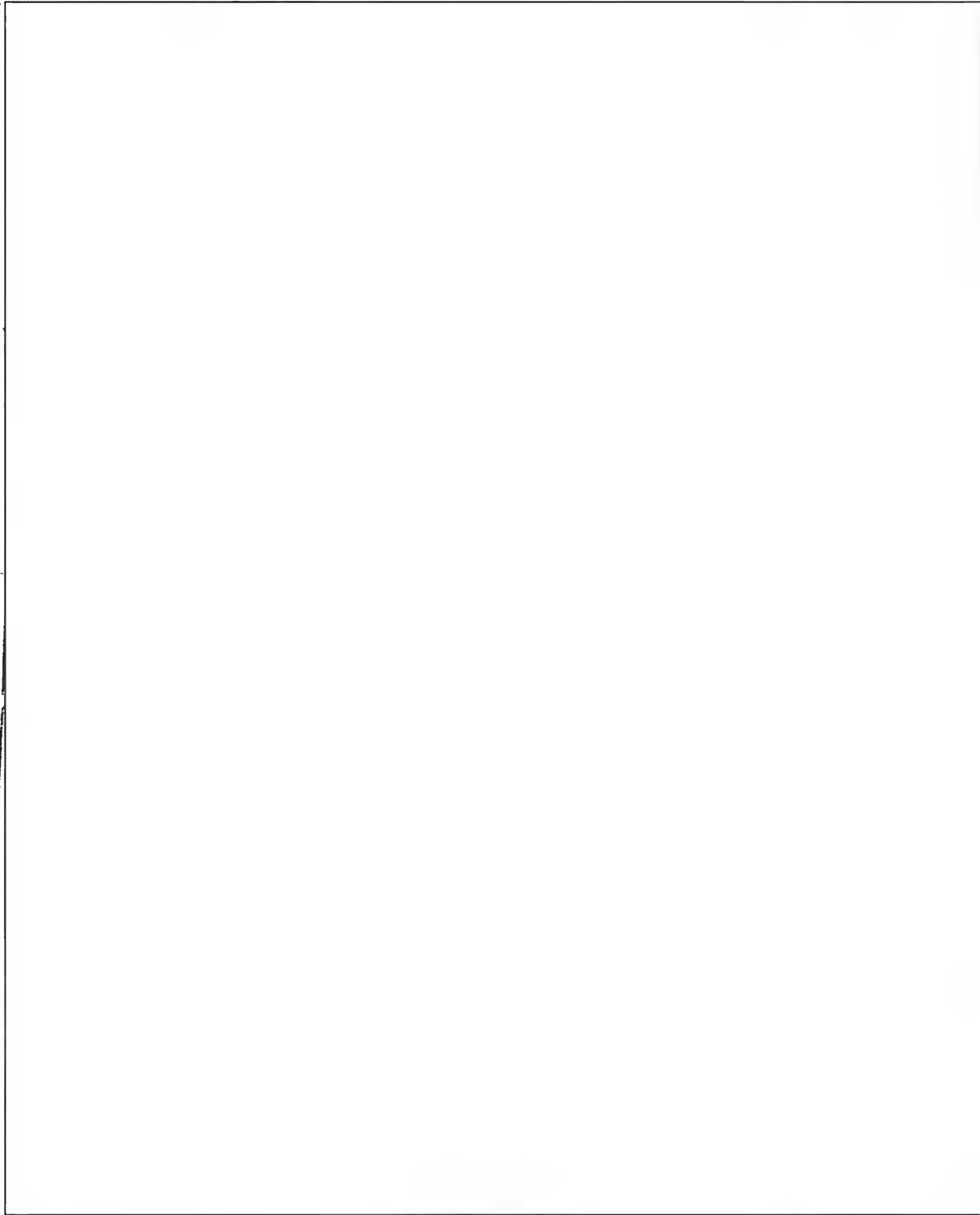
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D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

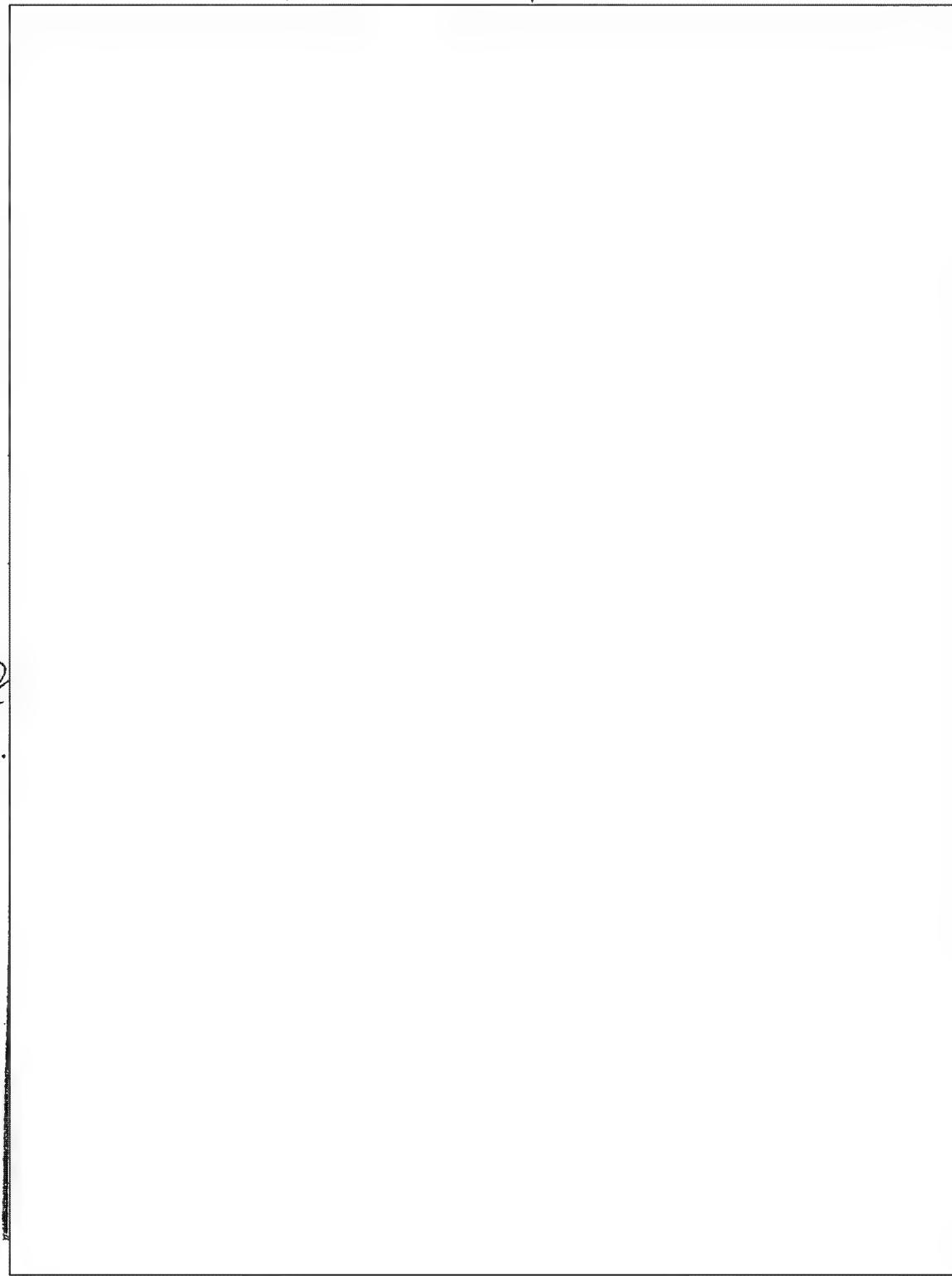
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE.—If the oath is taken before a Notary Public, the date of expiration of his commission should be shown.



PERSONNEL FOLDER

O S P D : 1048-2342



5010.601-1 Form 104
REVISED SEPTEMBER 1964
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS 11, 12, AND 22

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel DATE: May 7, 1956
Attention: Mr. Howard P. Mace
SUBJECT:

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

1. **What is the primary purpose of the study?**

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

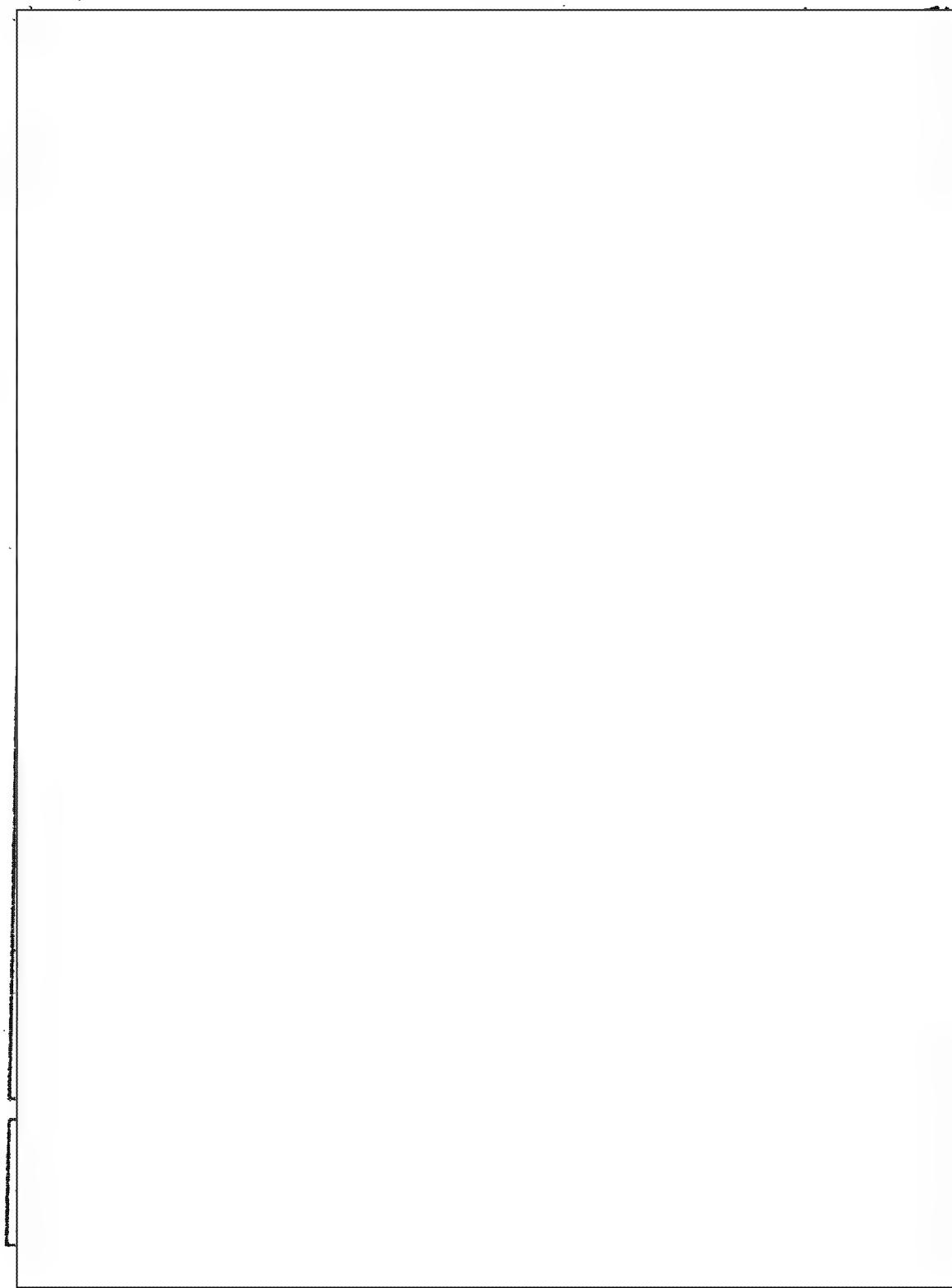
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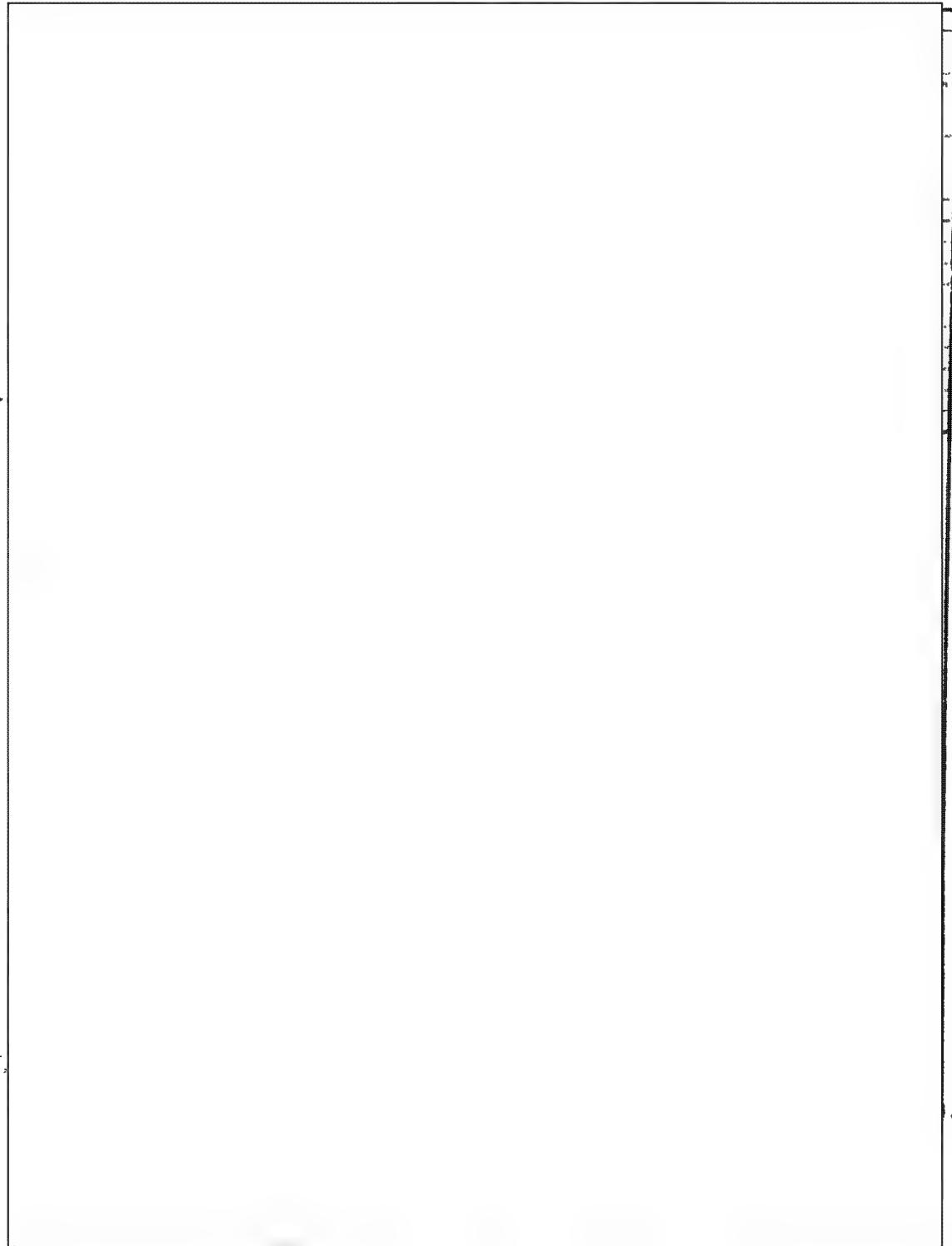
ATTACHMENTS

SCA:SY:ABdcOperate:abw

UNCLASSIFIED
Authored by William O. Bell
Director, Bureau of the

This memorandum may be considered as **CONFIDENTIAL USE ONLY** except for **17** of attachments.





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STANDARD FORM 57 - continuation

916

5.

September 1943 - March 1945

Pfc

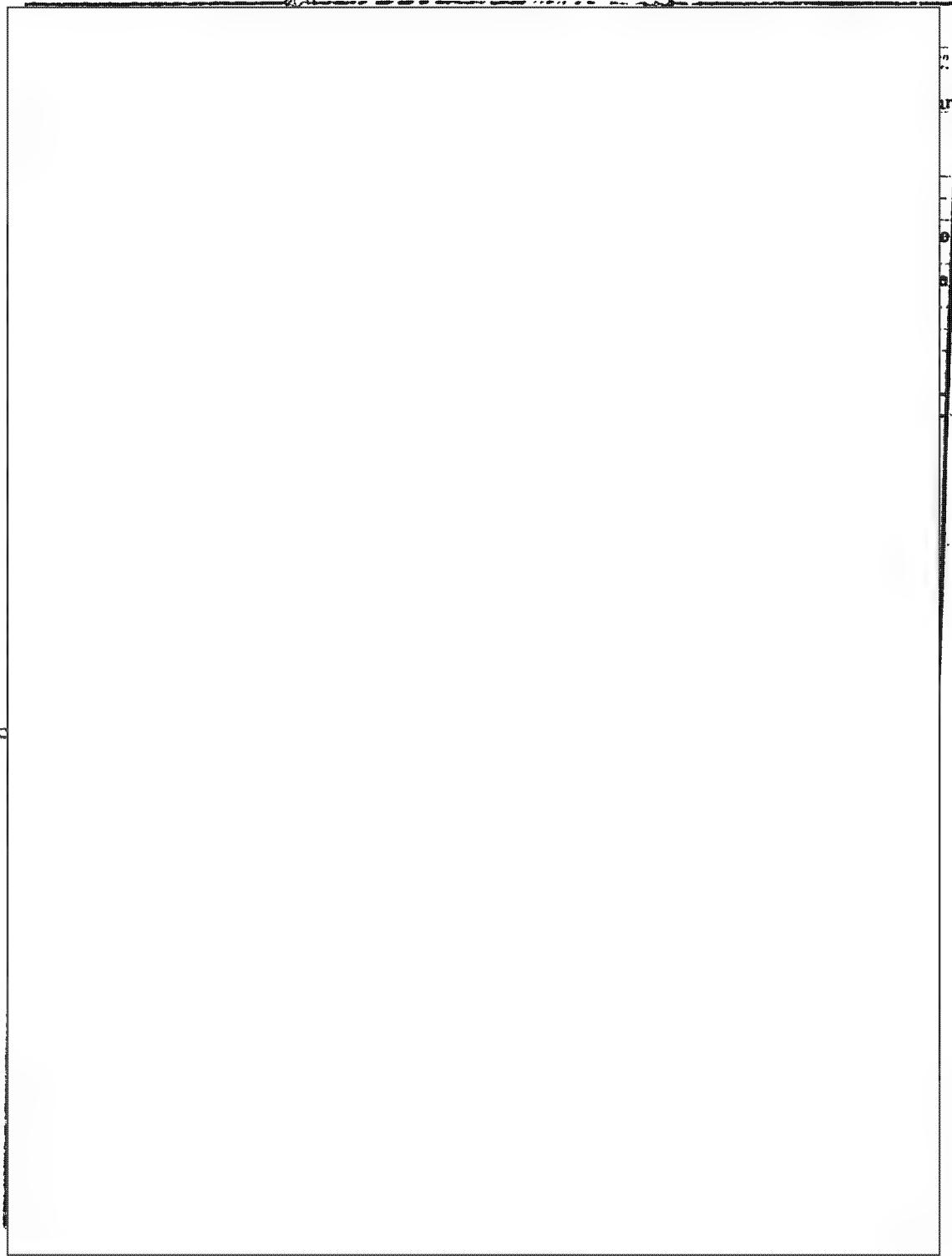
U. S. Army

United States

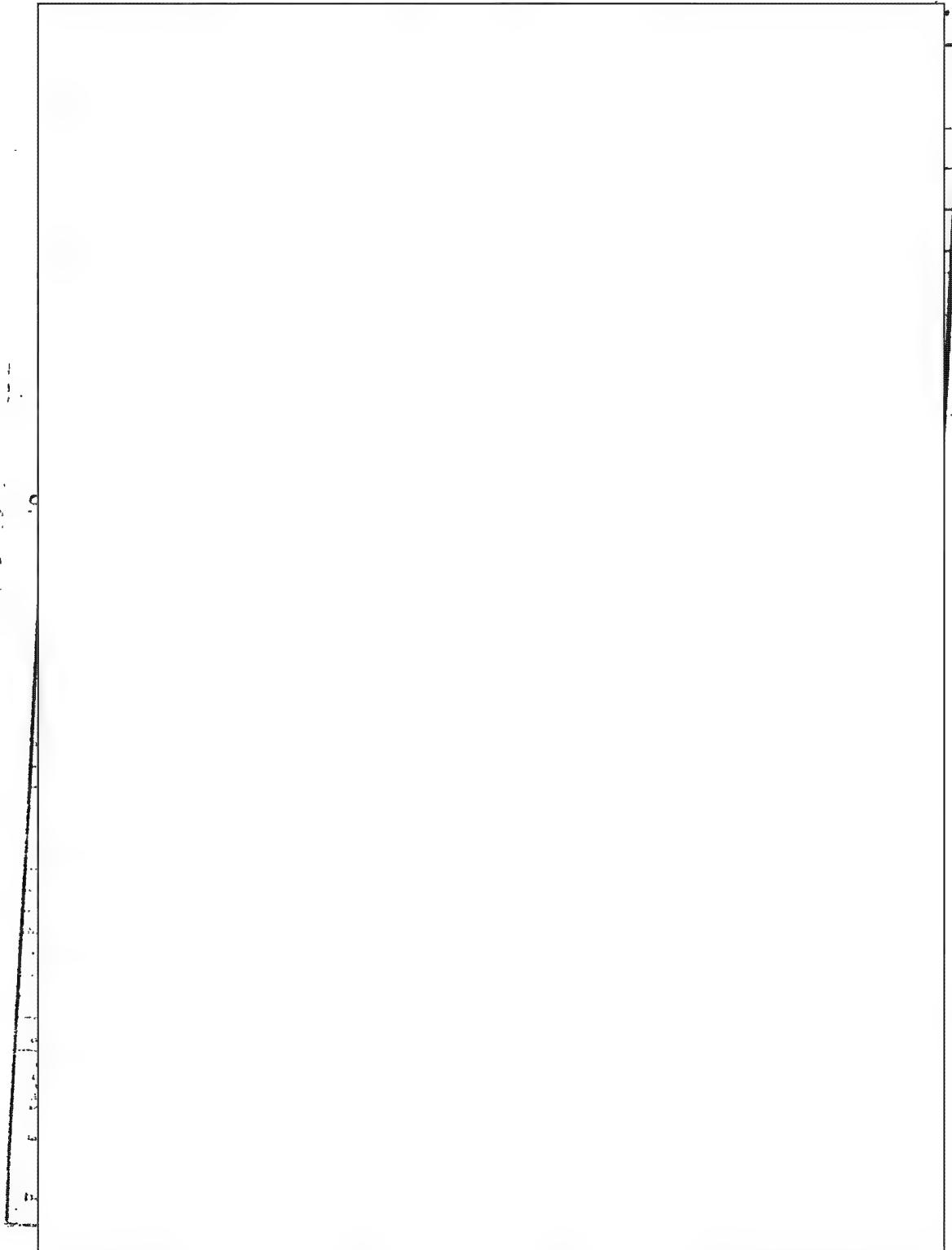
Honorable Discharge

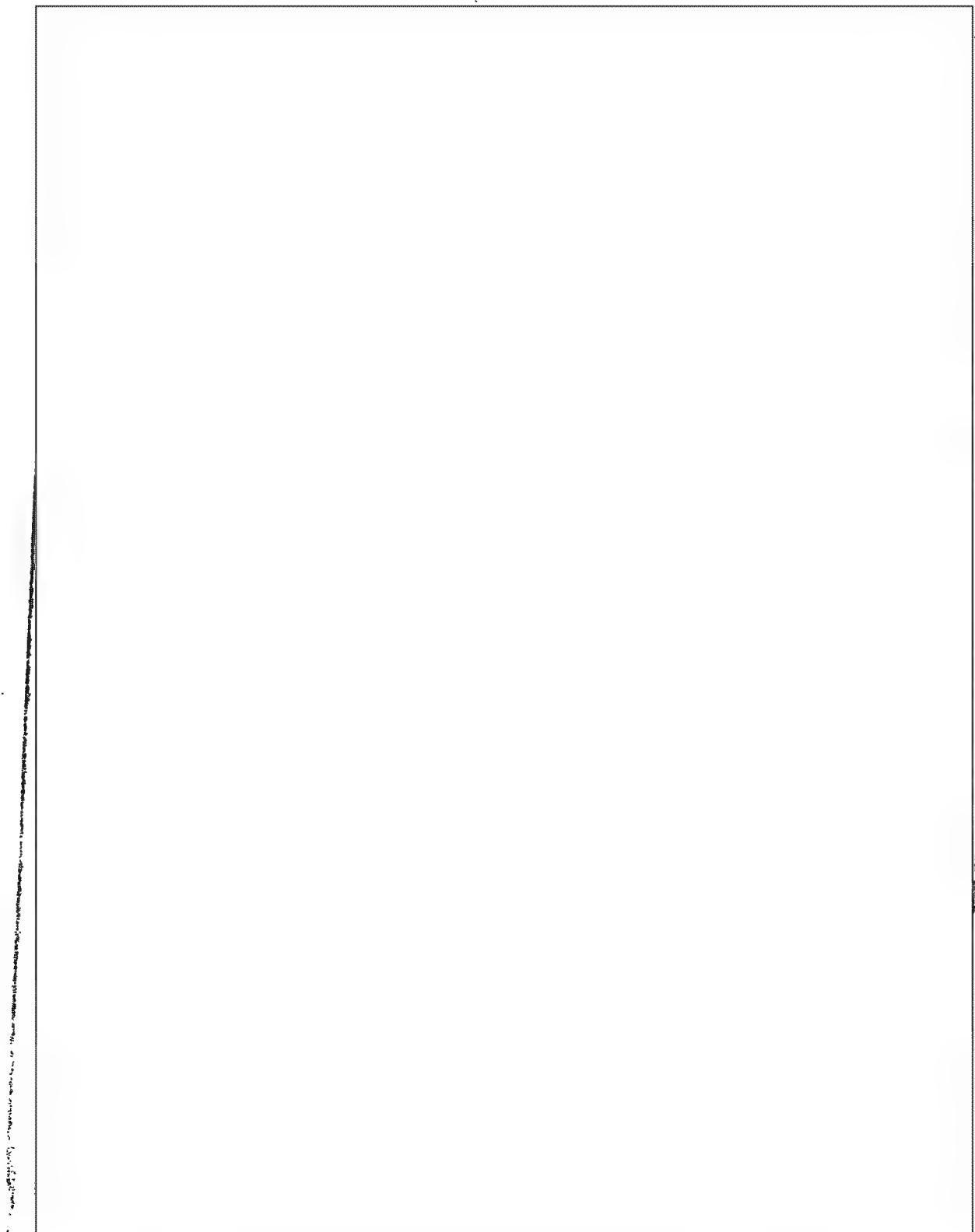
Anti-Aircraft

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

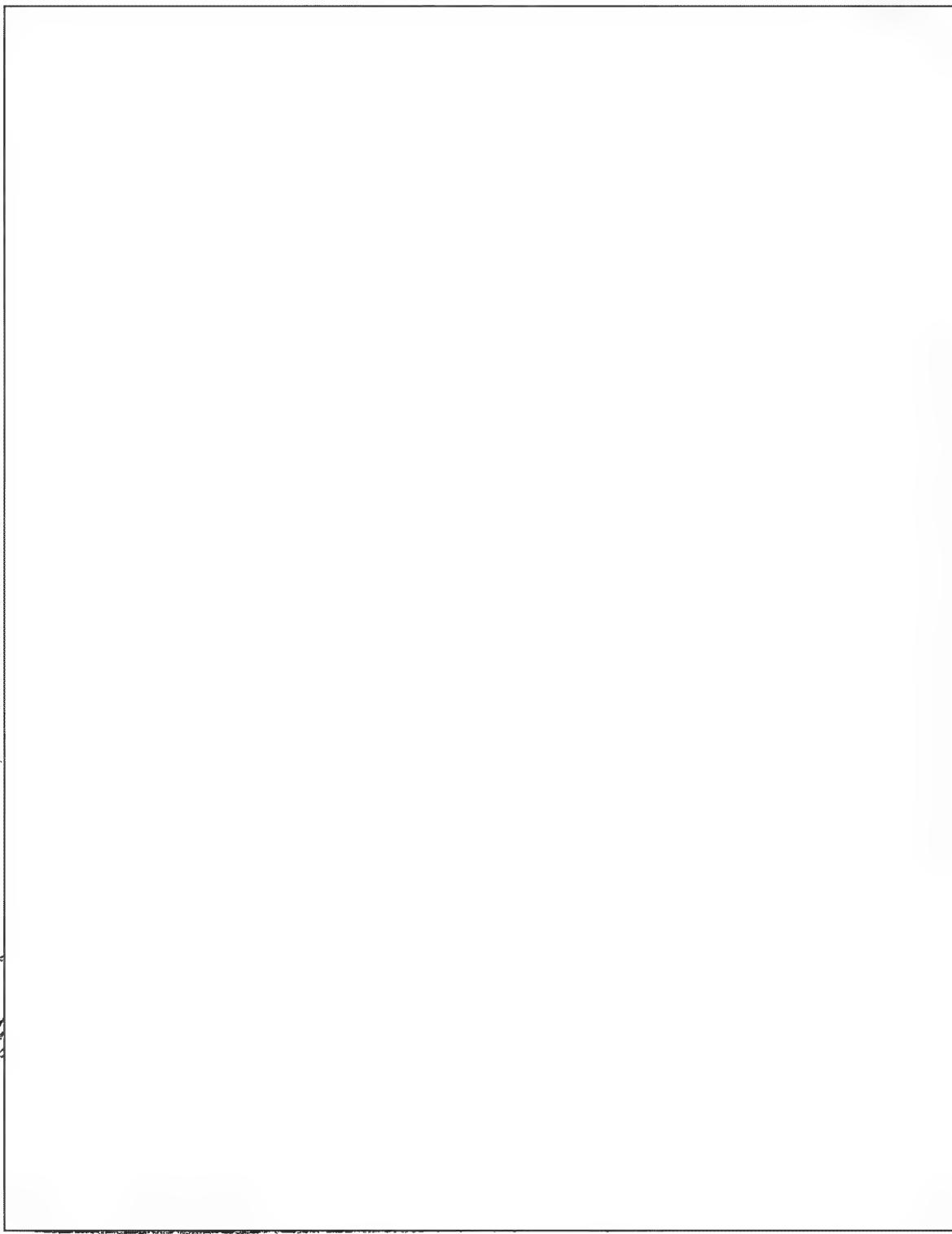


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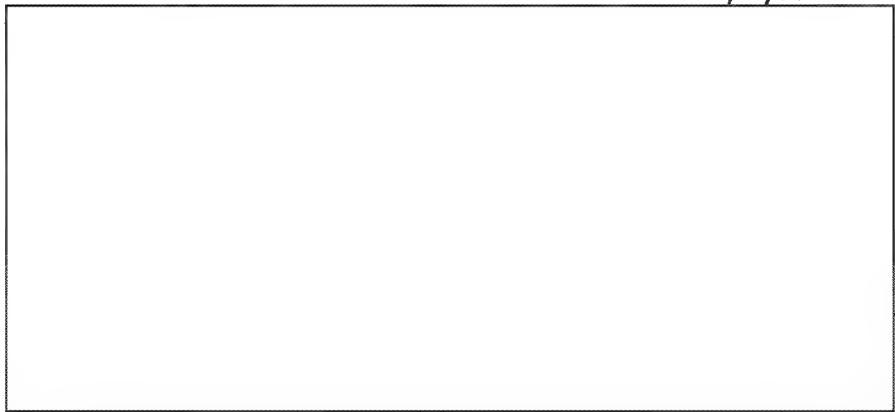


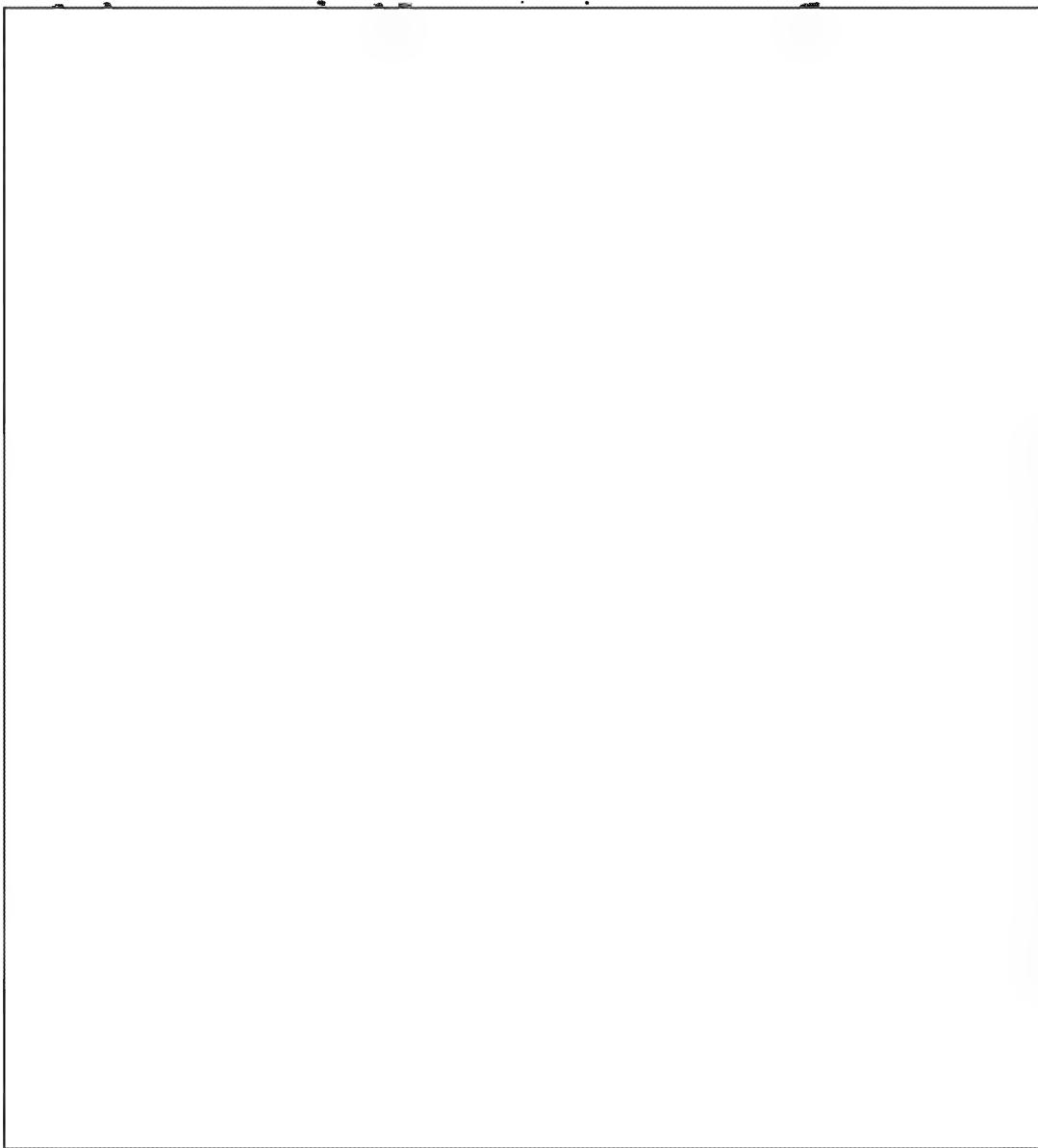
994



994-3 Generated from image 322-2-42

✓
All leave transferred. 1150 forwarded. COB 7/30/64





NOTIFICATION OF SECURITY CLEARANCE UNDER E.O. 10450

TO: Director, Office of Personnel
Attention: [redacted]

DATE: 6 July 1954

APPLICANT. If subject is not appointed within 90 days of the date of this notification, this clearance must be revalidated by the Office of Security.

EMPLOYEE.

The case of above-named person has been reviewed in the Office of Security.

Investigative requirements of Executive Order 10450 have been complied with.

It has been determined that the employment or retention in employment of subject is clearly consistent with the interests of national security.

REMARKS:

Investigative reports are attached. Please return these reports to the Office of Security within 10 days together with the names of the individuals who have reviewed them listed on the extra copy of this form herewith furnished.

17

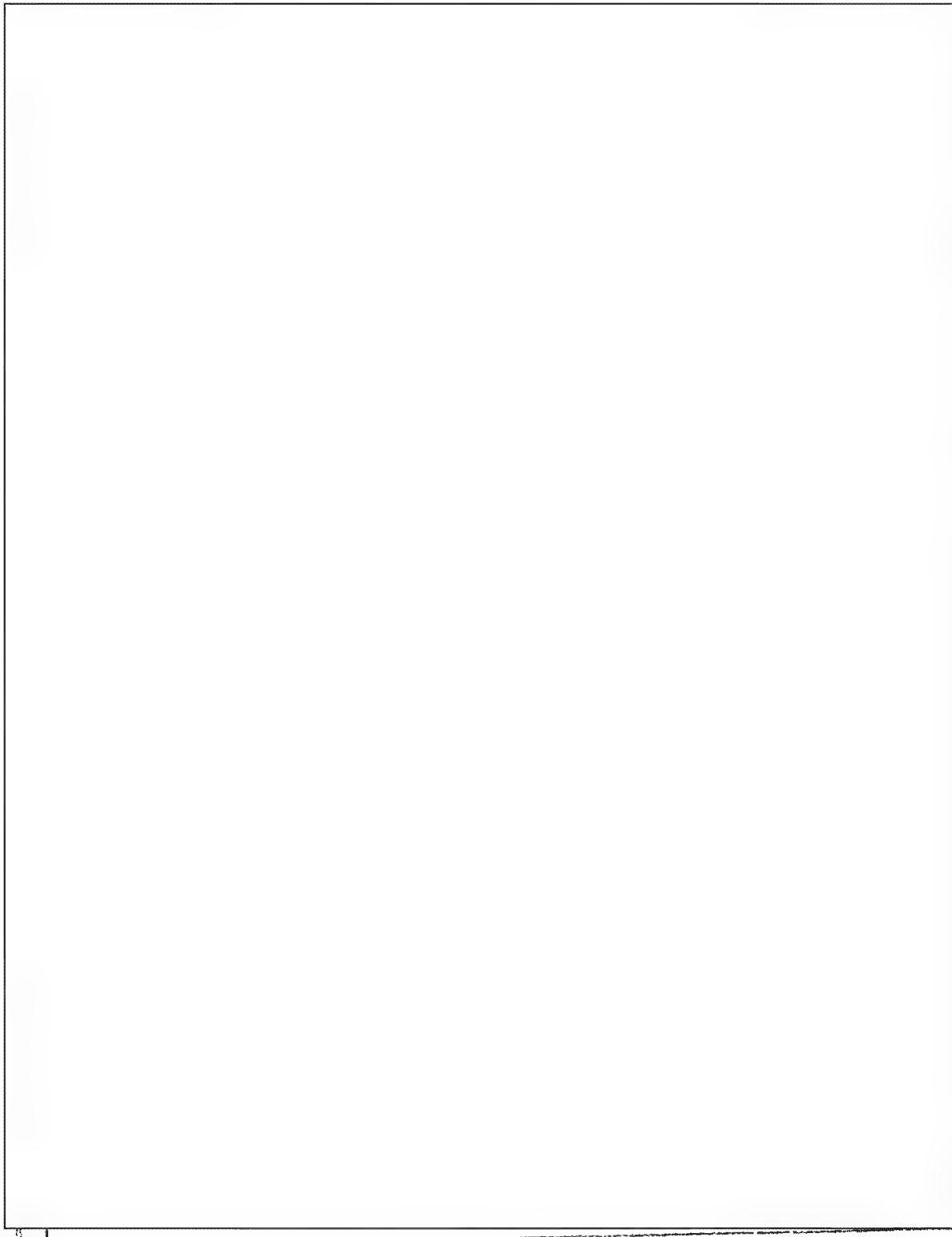
Director, Office of Security

ATTACHMENTS

SY: W. L. FRANKLIN
This memorandum may be

This memorandum may be considered as official USE ONLY upon removal of attachments.

(Signature) _____
(Title) _____



FOLDER

2025 RELEASE UNDER E.O. 14176

0
FOLIO 8

U. S. GOVERNMENT PRINTING OFFICE 1952 599704

QCC 4 1958

0 000 100 26793

FOLDER

STANDARD FORM 818
BUREAU OF THE BUDGET
FORM APPROVED BY THE CHIEF GEN. U. S.
JUNE 12, 1951
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER 44

CIVIL OFFICER
APPOINTMENT AFFIDAVITS
(As defined in 5 USC 21a and 21b)

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or a Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means, or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

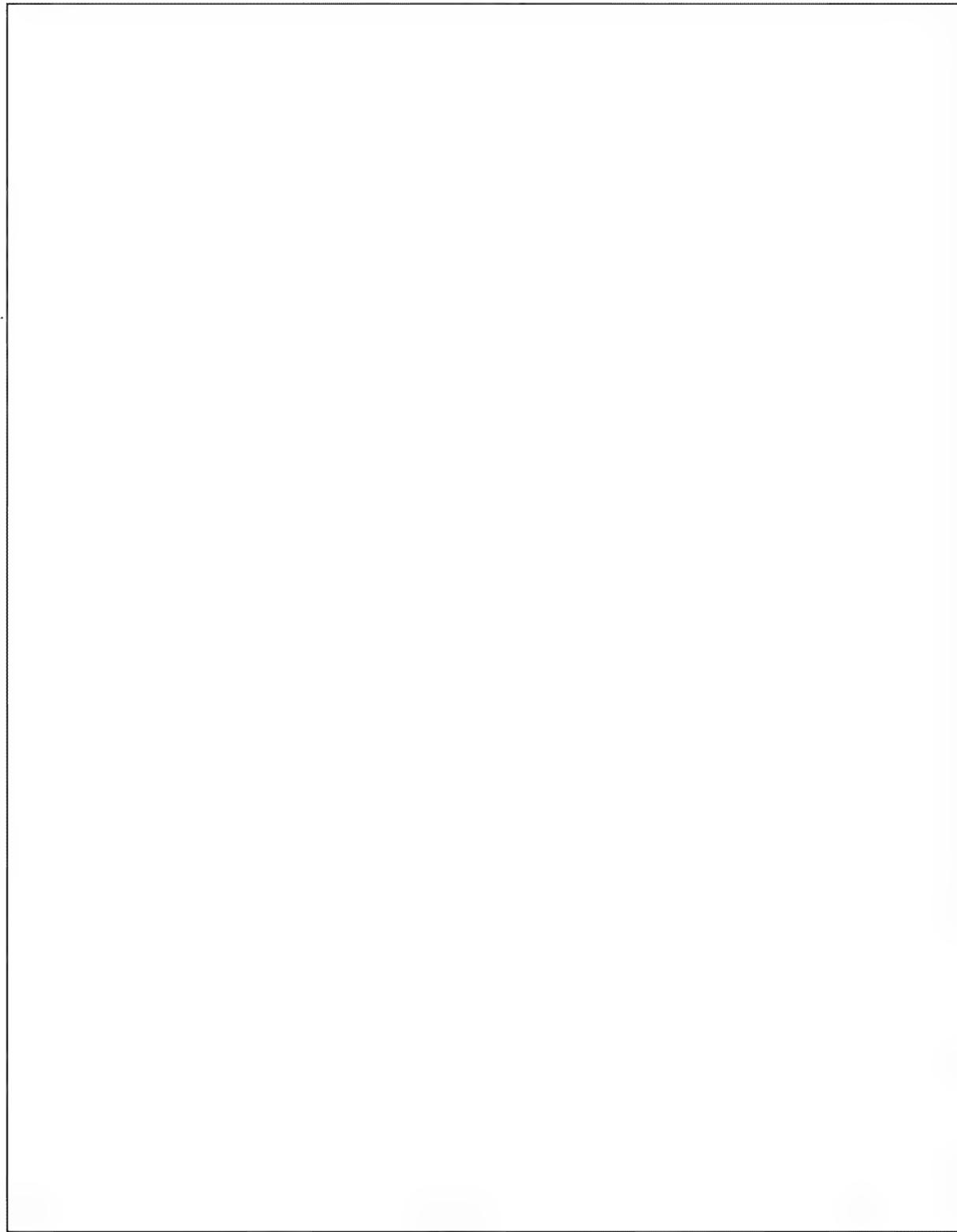
I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

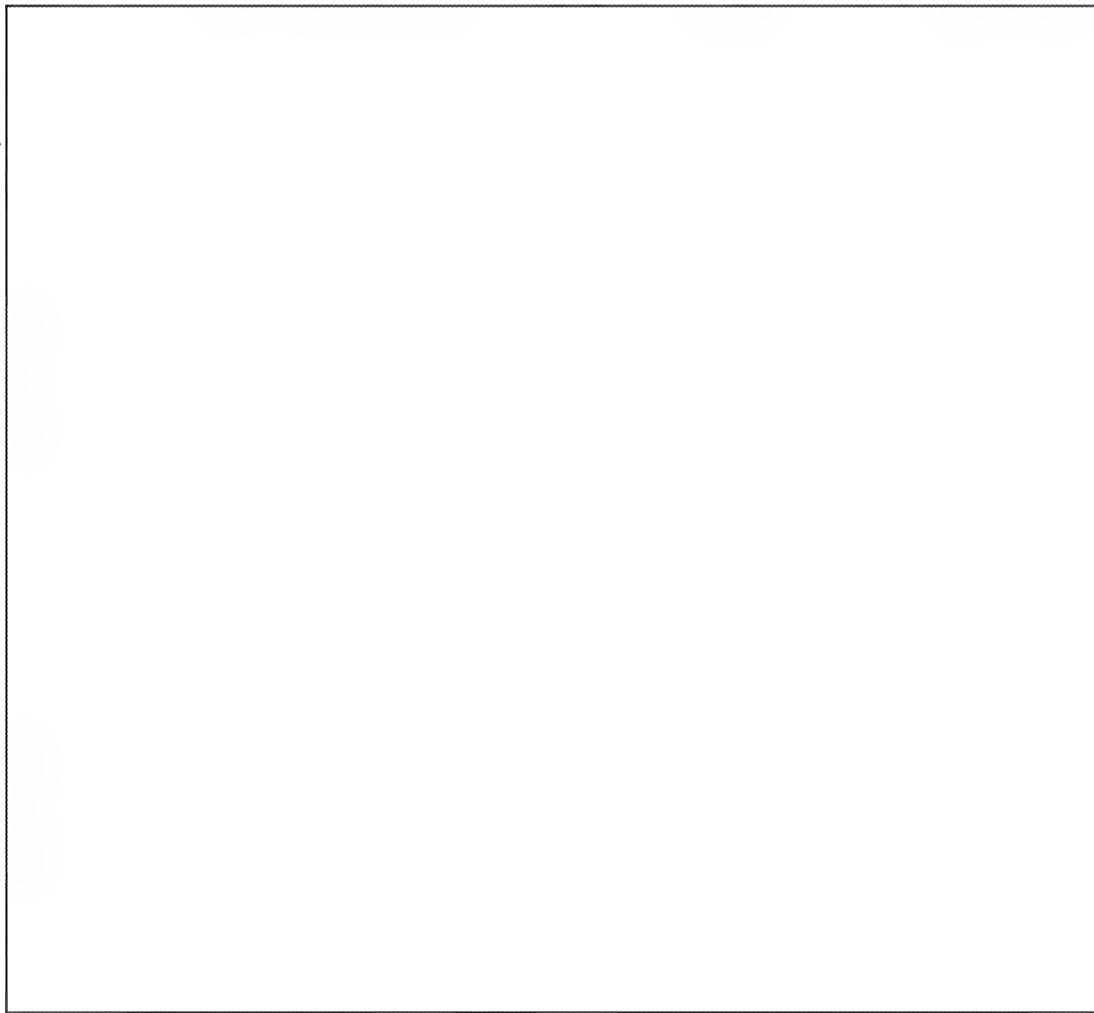
I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

NOTE: If this oath is taken before a Notary Public, the date of expiration of his commission should be shown.

15-61316-1 U. S. GOVERNMENT PRINTING OFFICE

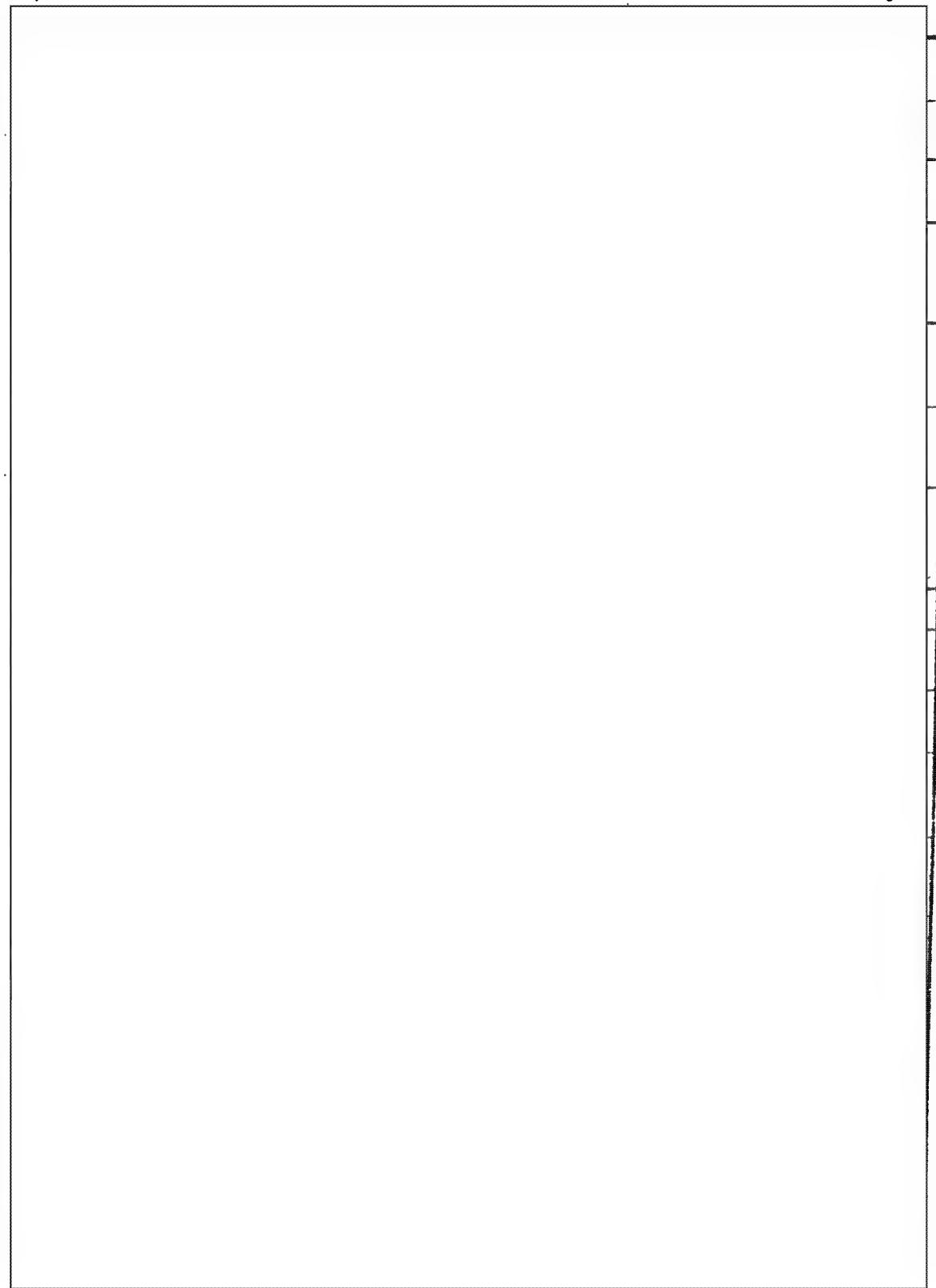


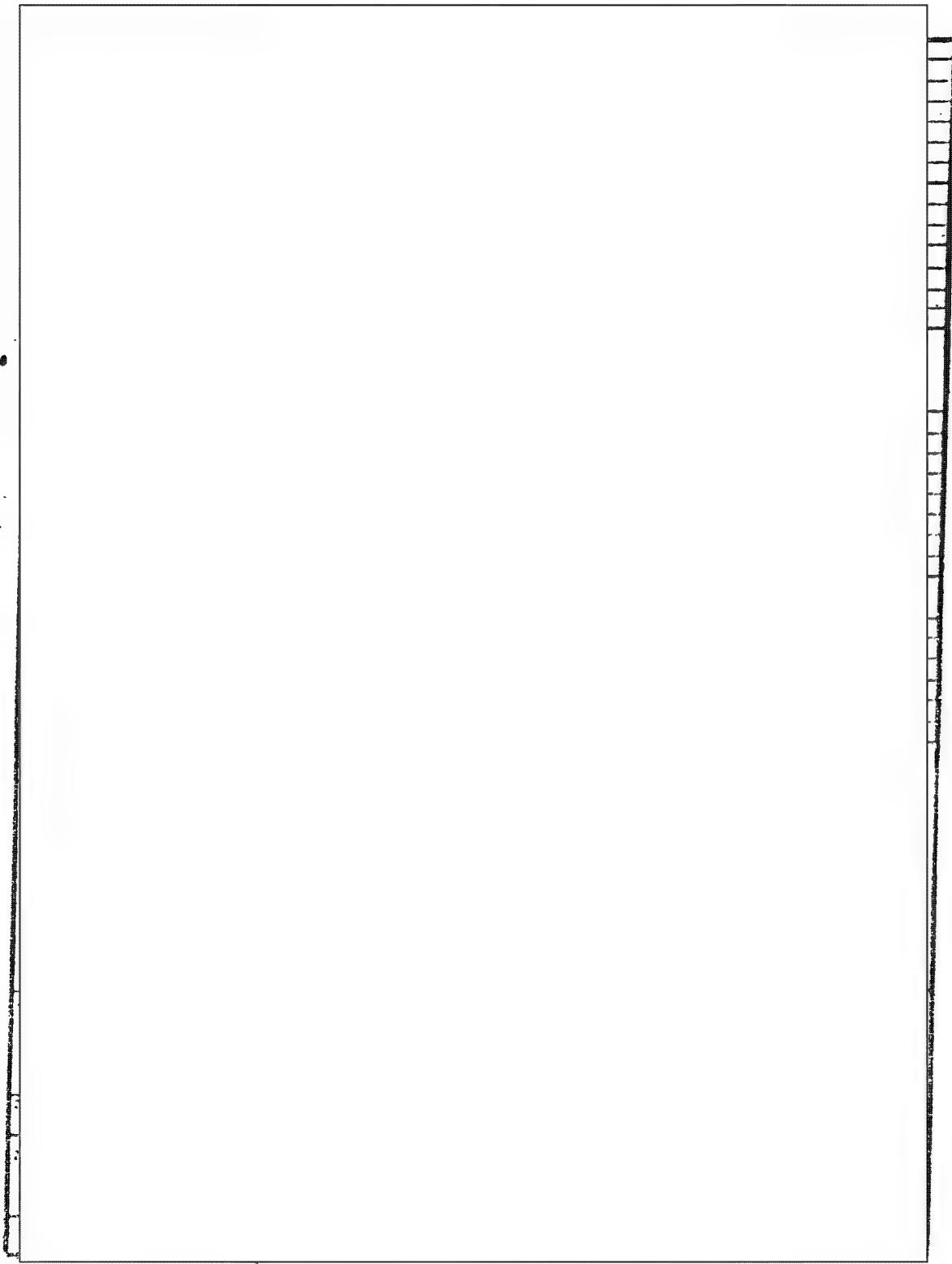
- Office Memorandum • UNITED STATES GOVERNMENT

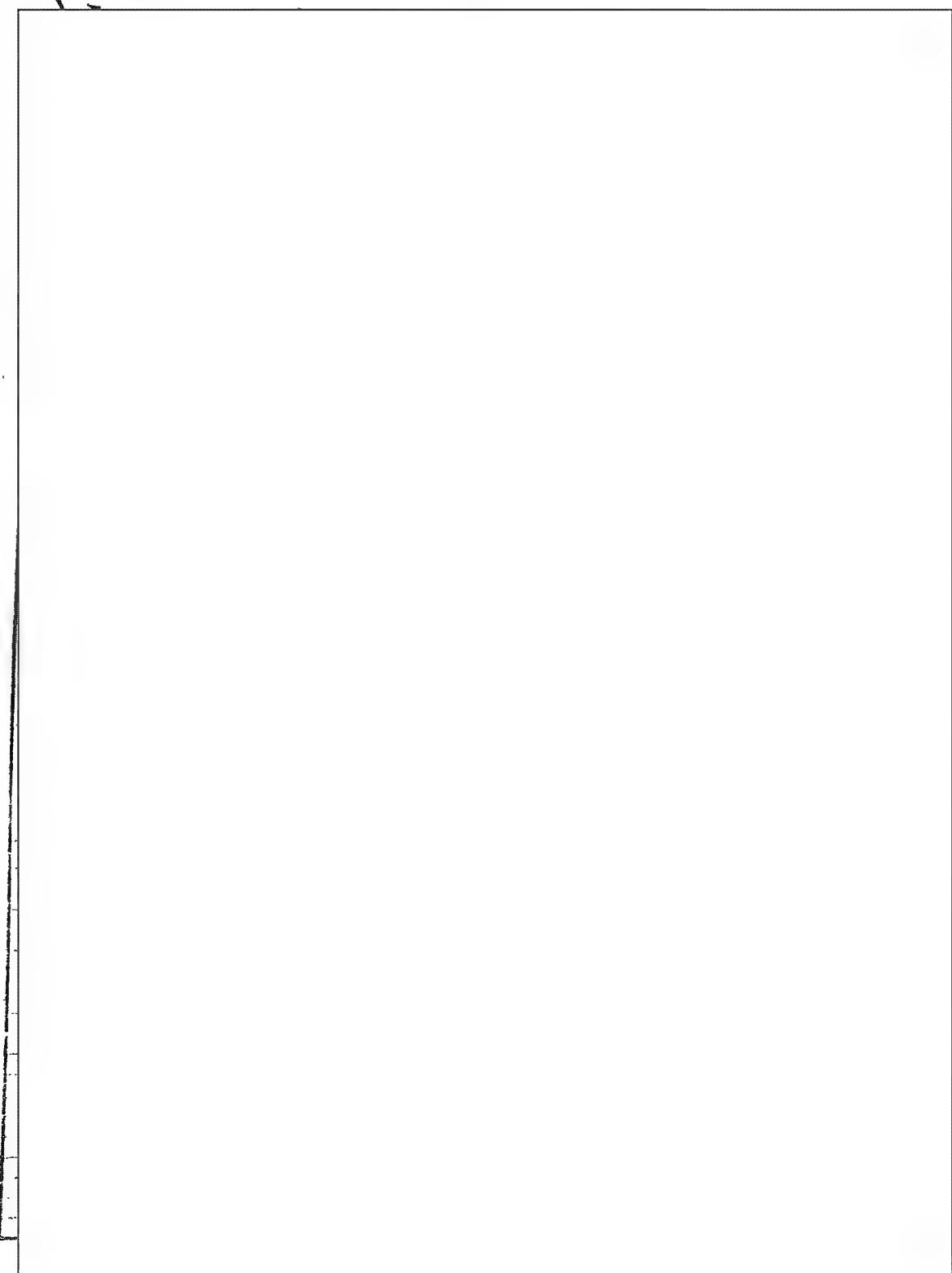


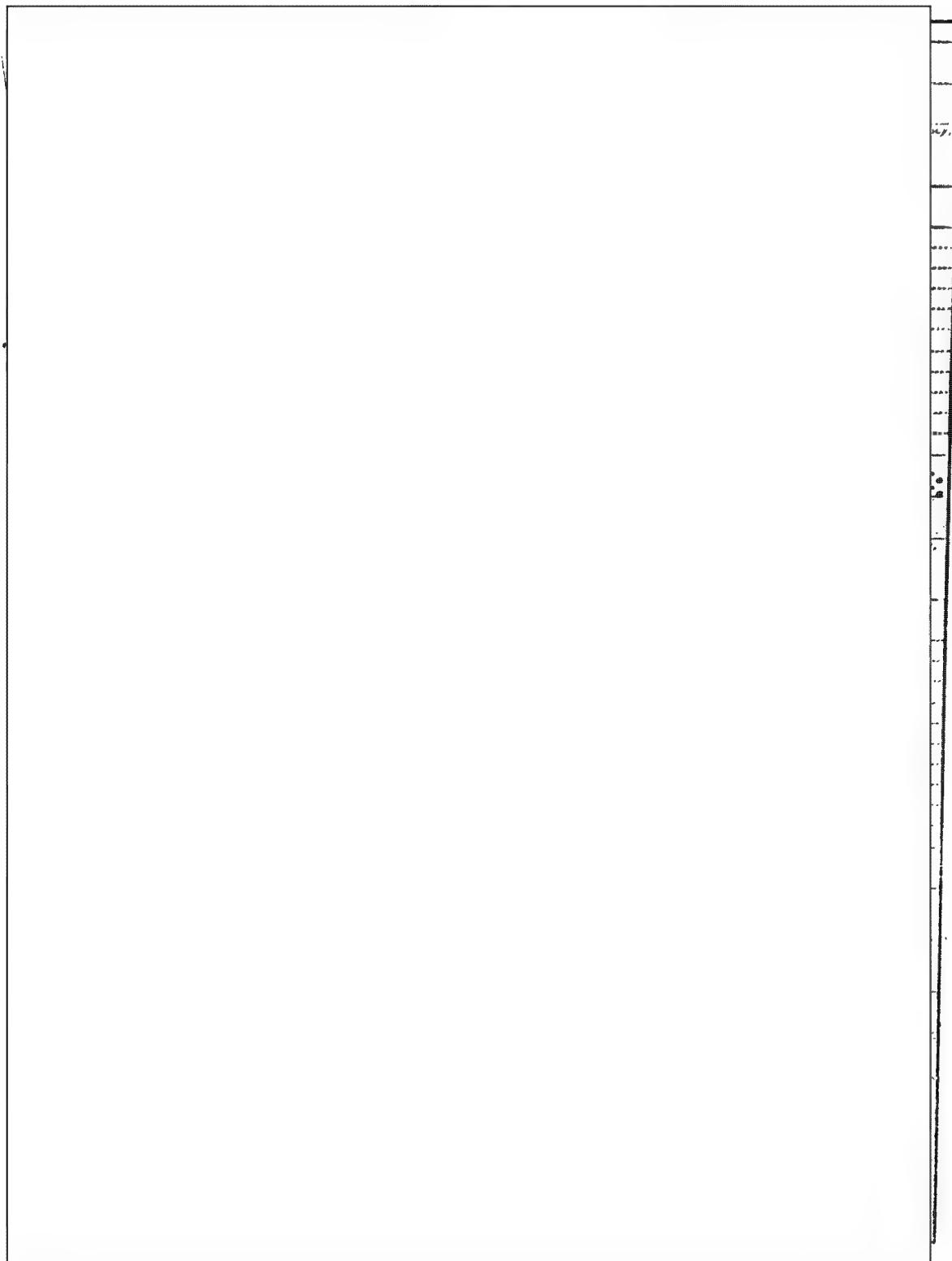
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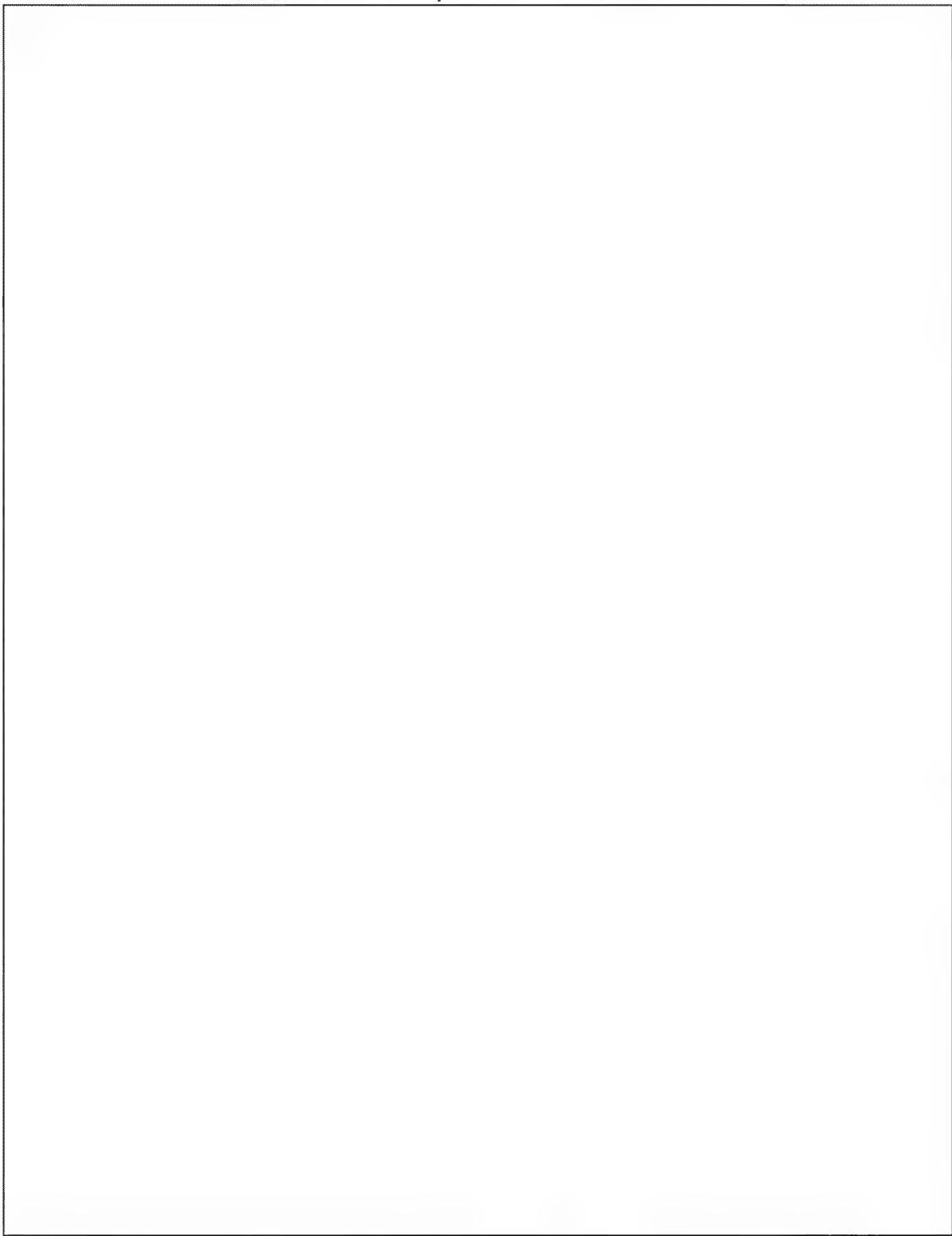
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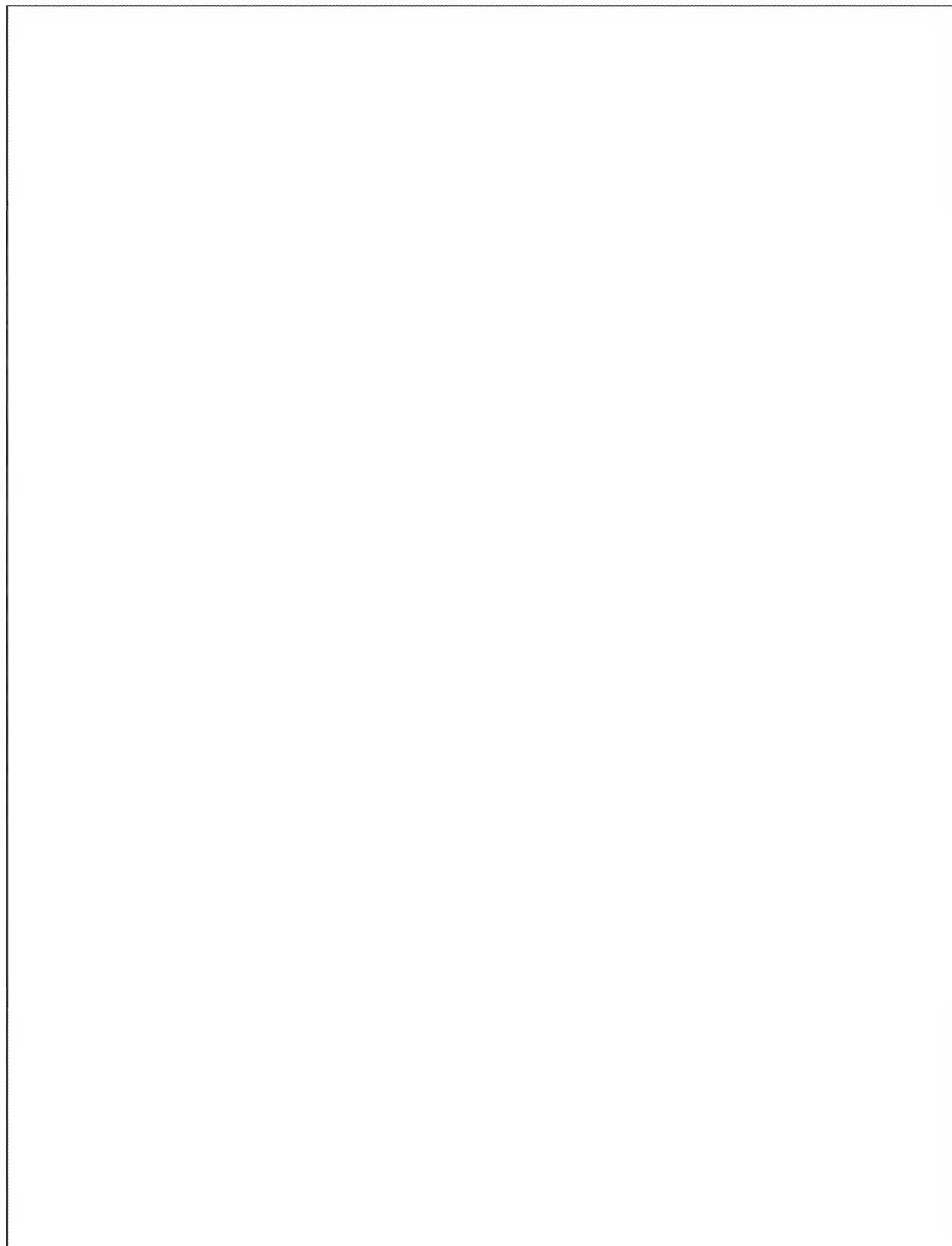


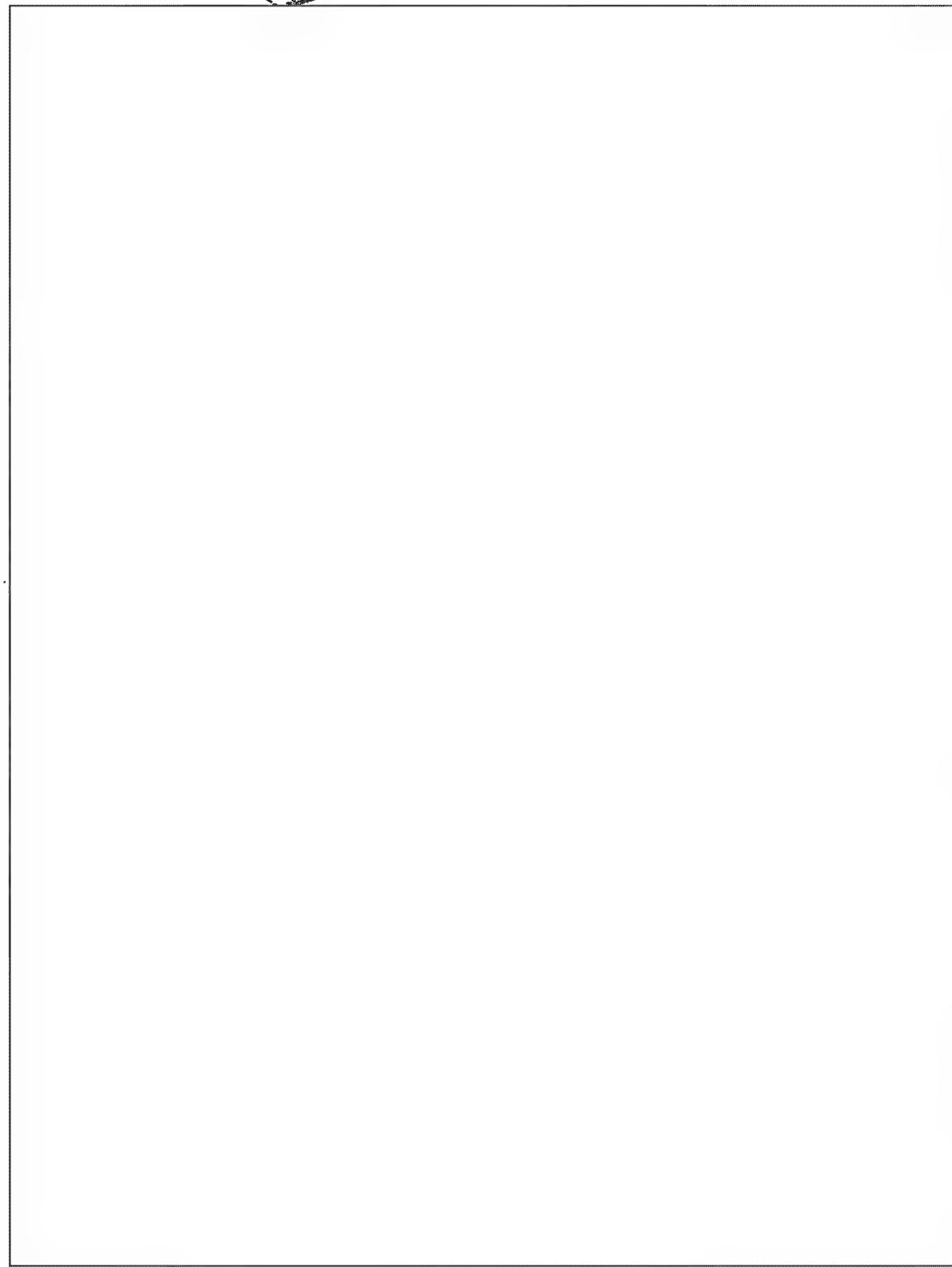


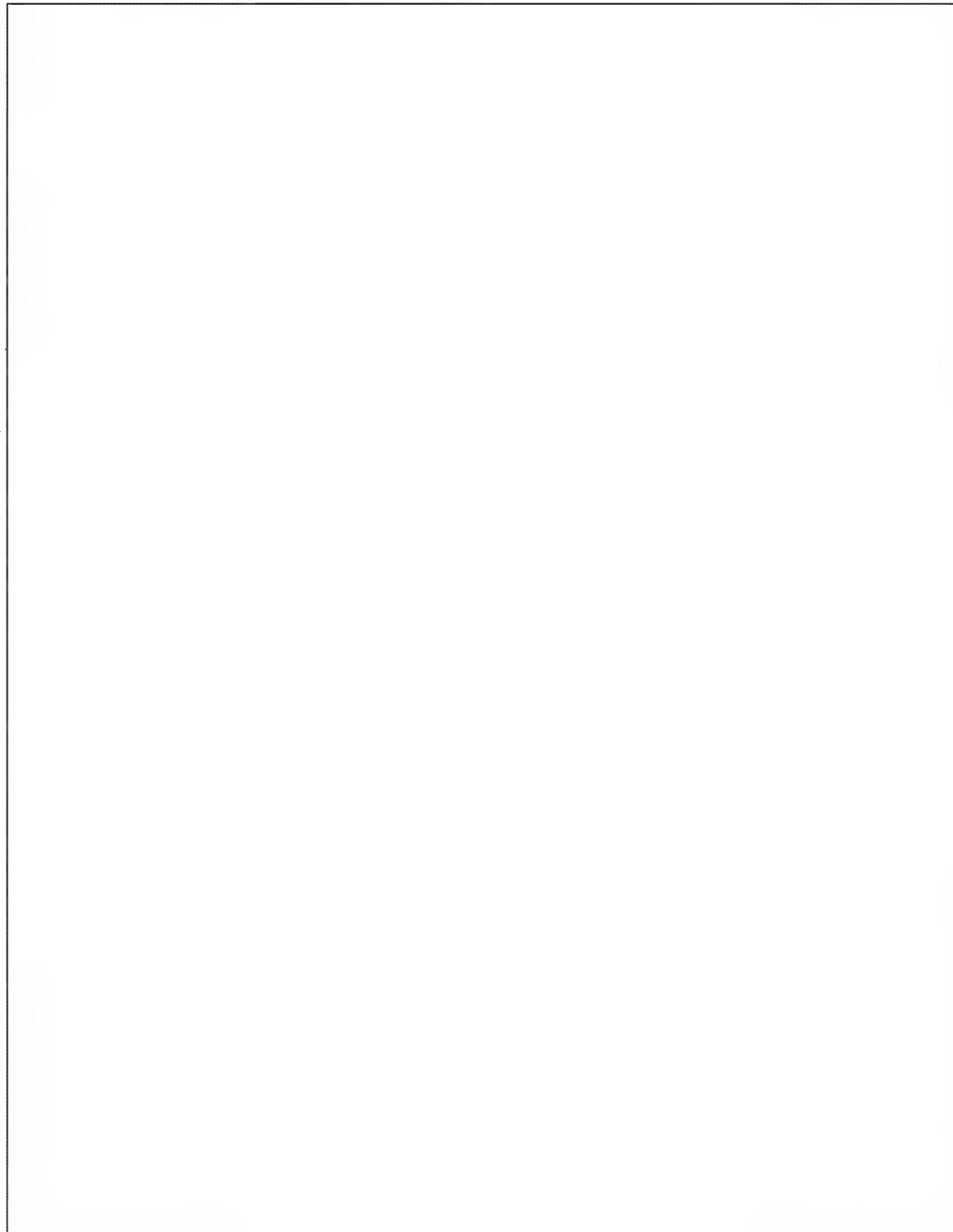


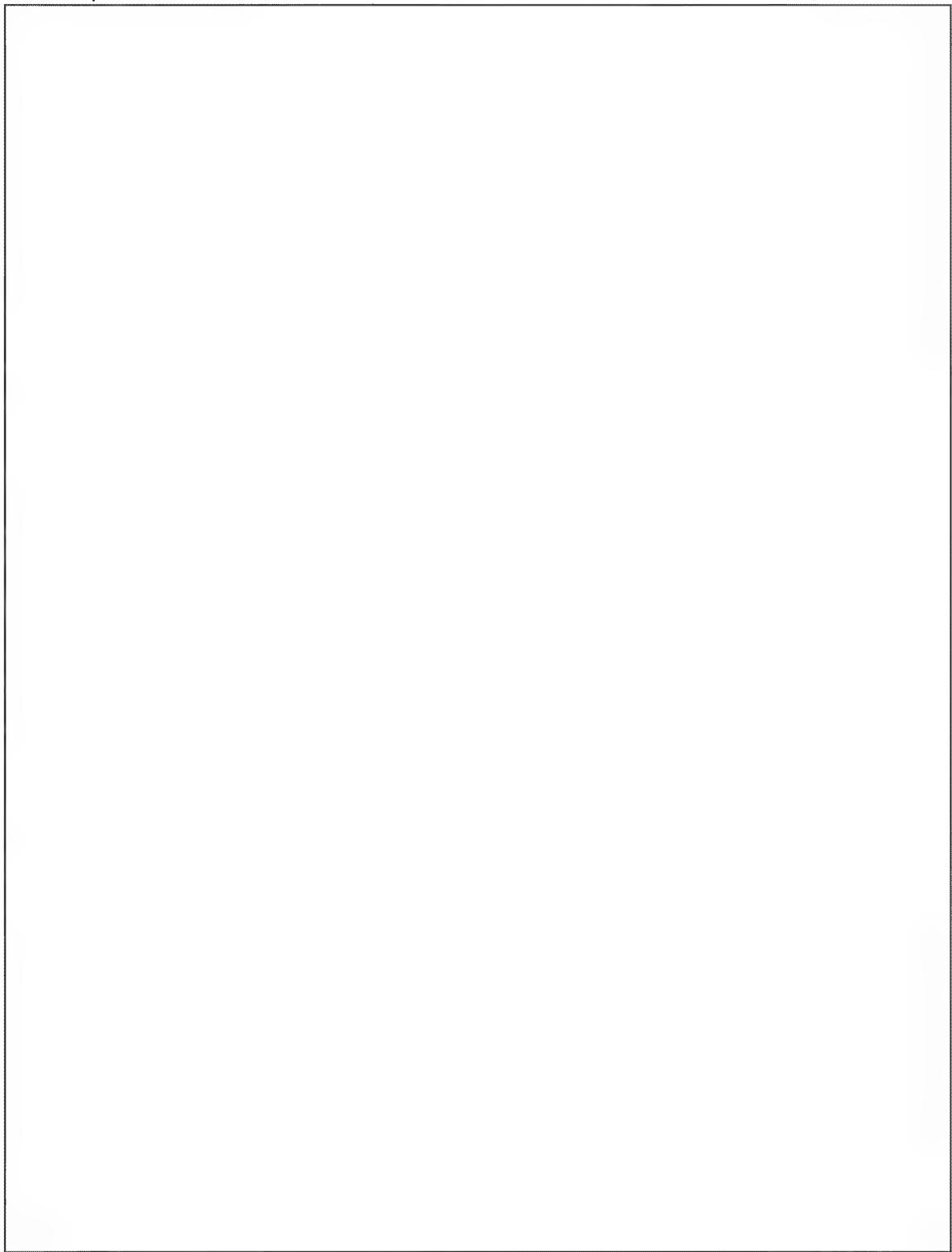


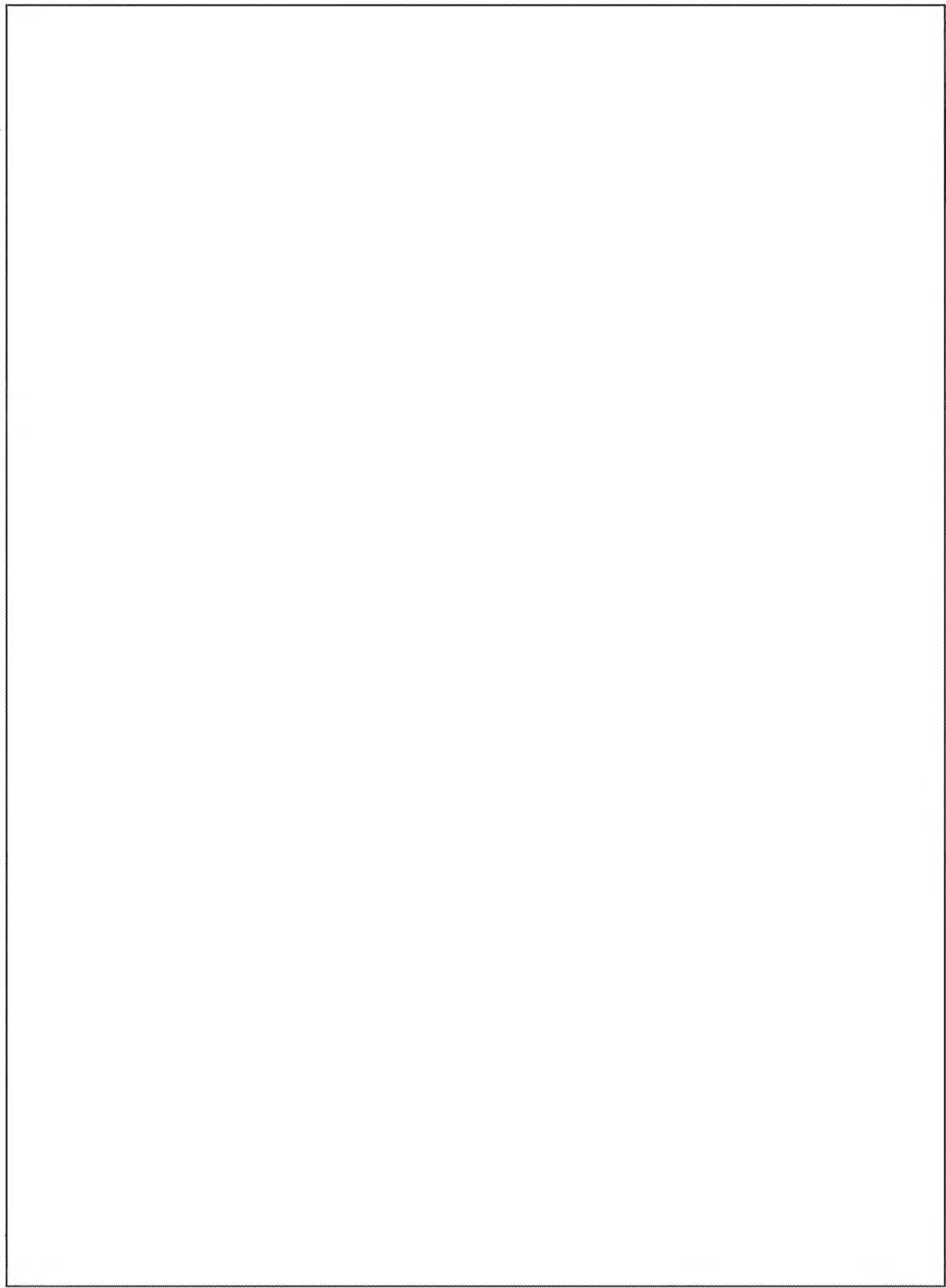












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